

I. BASIC PROGRAM INFORMATION

Please check one:

- ☒ Established, research based program: **Applying for Approval**
☐ Newly developed program: **Applying for Year 1 Conditional Approval** (For any of the following items that cannot be completed, mark with NA.)

1. Program Name	! ACHIEVE SUCCESS
2. Federal EIN or Social Security Number	80-0370563
3. Subject Areas and Grade Levels Able to Serve	<p><i>Please check subject areas and list grade levels you address in working with students.</i></p> <p><input checked="" type="checkbox"/> Reading Grades <u>1-12</u></p> <p><input checked="" type="checkbox"/> Language Arts Grades <u>1-12</u></p> <p><input checked="" type="checkbox"/> Mathematics Grades <u>1-12</u></p> <p><input type="checkbox"/> Other (Specify) _____ Grades _____</p>
4. Grade Levels and Subject Areas Currently Served	<p><i>Please list subject areas and the grade levels of your students currently served.</i></p> <p>Reading, Language Arts, Math in grades 1-12</p>
5. Date SSP Formed	<p><i>Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.</i></p> <p>August 2009</p>
6. Number of Students Currently Served	<p><i>Please provide the number of students you currently serve, by subject and grade level.</i></p> <p>1st=17, 2nd=22, 3rd=36, 4th=55, 5th=51, 6th=72, 7th=65, 8th=71, 9th=64, 10th=66, 11th=25, 12th=26</p> <p>Reading=273, Language Arts=69, Math=228</p>
7. Minimum/Maximum Number of Students Able to Serve	<p><i>Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.</i></p> <p>1, (no minimum per school, but we need a minimum of 3 students to serve a district)</p> <p><i>Please indicate the maximum number of students you will be willing to serve per school site.</i></p> <p>200</p>

8. Service Area	<p><i>Please list the district(s) and school(s) in which you are able to provide services.</i></p> <p>District(s): <u>Omaha, Lincoln, Bellevue, Columbus, Crete, Fremont, Gering, Grand Island, Hastings, Kearney, Lexington, Millard, Norfolk, North Platte, Papillion-La Vista, Ralston, Scottsbluff, South Sioux City, Waverly, Westside</u></p>
9. Geographic Setting	<p><i>Check the setting(s) in which you are prepared to provide services.</i></p> <p><input checked="" type="checkbox"/> Urban <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Suburban</p>
10. Place of Service	<p><i>Please check the location(s) that best describes where you deliver services to students.</i></p> <p><input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Business <input checked="" type="checkbox"/> Place of religious worship (e.g., church synagogue, mosque, temple) <input checked="" type="checkbox"/> Community Center <input type="checkbox"/> Provider's home <input checked="" type="checkbox"/> Student's home <input type="checkbox"/> On-line</p> <p>• Accessed from: _____</p> <p><input checked="" type="checkbox"/> Other: <u>Library</u></p> <p>Is this location accessible to handicapped individuals? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)</i></p> <p>For in-home tutoring no transportation is needed. If a parent chooses services at a location outside of the home, the parent is responsible for transportation.</p>

11. Specific Student Populations Served	<p><i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box.</i></p> <p><input checked="" type="checkbox"/> Low-Income students</p> <p><input checked="" type="checkbox"/> Minority students</p> <p><input checked="" type="checkbox"/> Migrant students</p> <p><input checked="" type="checkbox"/> Limited English proficient students</p> <p>Indicate particular language(s) with which you have expertise <u>Spanish</u></p> <p><input checked="" type="checkbox"/> Special education students</p> <p><input type="checkbox"/> Other: (describe) _____</p> <p><input type="checkbox"/> Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(we would like the opportunity to serve all students)</p>
12. Type of Organization	<p><i>Please check the category or categories that best describe your organization.</i></p> <p><input checked="" type="checkbox"/> For Profit</p> <p><input type="checkbox"/> Not for Profit</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> District</p> <p><input type="checkbox"/> Educational Service Unit</p> <p><input type="checkbox"/> Institution of Higher Education</p> <p><input type="checkbox"/> Faith-Based Organization</p> <p><input type="checkbox"/> Community Agency</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> On-line</p> <p><input type="checkbox"/> Other (describe) _____</p>
13. Time of Service	<p><i>Check the time(s) that best describe when you deliver services to students.</i></p> <p><input type="checkbox"/> Before School</p> <p><input checked="" type="checkbox"/> After School</p> <p><input checked="" type="checkbox"/> Weekends</p> <p><input checked="" type="checkbox"/> Summer</p> <p><input type="checkbox"/> Other</p>
14. Length of Service	<p><i>Nebraska is requiring providers to deliver a minimum of 18 hours of tutoring service per student for the 2015-2016 school year.</i></p> <p><i>(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours) 18-40 hours</i></p> <p><i>(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks) Up to 25 weeks</i></p> <p><i>(c) Describe how your program will operate (e.g. 60</i></p>

	<p><i>minutes three times per week)</i> Custom suited to family schedule, up to 4 times per week, up to 2 hours per session</p>
15. Cost	<p><i>Provide an average <u>per pupil cost</u>, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a <u>specific</u> description of your pricing structure. Maximum cost per hour of service allowed in Nebraska for the 2015-2016 school year is \$55.00.</i></p> <p>\$40-\$55/hr (varies based on the specifics of that school district)</p>
16. Diagnostic Assessment	<p><i>Name the instrument that will be used to diagnose skill levels of each individual student.</i></p> <p>Triumph Learning Assessments</p>
17. Mode of Instruction	<p><i>Please indicate which keyword(s) best match your program's offerings:</i></p> <p><input checked="" type="checkbox"/> Individual tutoring <input type="checkbox"/> Small group tutoring <input type="checkbox"/> On-line <input type="checkbox"/> Computer Assisted</p> <p><i>Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process. We specialize in 1-on-1 tutoring, working directly with the student to get them the extra help they need. We are consistently awarded the FLDOE EXCELLENT Tutoring Provider Designation based on the highest student learning goal achievement levels (99%), program completion, and parent/school district satisfaction. We provide highly</i></p>

	<p>qualified tutors who work with the student in their home or nearby location. We embrace cultural differences and enjoy working with people from all backgrounds; SE HABLA ESPAÑOL. With a proven track record of caring educators who get results, we believe our focused 1-on-1 attention is that extra boost many children need.</p>
18(b). Technology	<p><i>If On-line and/or Computer Assisted were checked in the previous box, please complete the following.</i></p> <p>a. <i>Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. Mark as Documentation I.18(b)</i></p> <p>b. <i>Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.</i></p> <p>c. <i>How will you provide orientation and consultation with the school staff, students, and parents?</i></p> <p>d. <i>How will you provide continuous on-site support to participating students?</i></p> <p>Not Applicable</p>
18. Student/Instructor Ratio	<p><i>List the ratio of instructors to children in your program.</i></p> <p><u> 1 </u> students for every 1 instructor</p>
19. SES Services in other States	<p><i>Have you provided SES services in other states?</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If you have provided SES services in other states, has your program ever been removed from the list of approved providers?</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
20. In-state parent/district support for services	<p><i>Do you plan on providing an in-state representative to work directly with parents and districts?</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

I. BASIC PROGRAM INFORMATION

Please check one:

- ☒ Established, res each based program: **Applying for Approval**
☐ Newly developed program: **Applying for Year 1 Conditional Approval** (For any of the following items that cannot be completed, mark with NA.)

1. Program Name	1 Online Tutoring LLC
2. Fderalal EIN or Social Security Number	46-5420620
3. Subject Areas and Grade Levels Able to Serve	<p><i>Please check subject areas and list grade levels you address in working with students.</i></p> <p><input checked="" type="checkbox"/> Reading Grades <u>K - 12</u></p> <p><input checked="" type="checkbox"/> Language Arts Grades <u>K - 12</u></p> <p><input checked="" type="checkbox"/> Mathematics Grades <u>K - 12</u></p> <p><input type="checkbox"/> Other (Specify) _____ Grades _____</p>
4. Grade Levels and Subject Areas Currently Served	<p><i>Please list subject areas and the grade levels of your students currently served.</i></p> <p>Reading, Language Arts and Mathematics K - 12</p>
5. Date SSP Formed	<p><i>Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.</i></p> <p>02/09</p>
6. Number of Students Currently Served	<p><i>Please provide the number of students you currently serve, by subject and grade level.</i></p> <p>Math</p> <p>Grade / Number of students</p> <p>K / 59</p> <p>1 / 47</p> <p>2 / 24</p> <p>3 / 103</p> <p>4 / 147</p> <p>5 / 92</p> <p>6 / 85</p> <p>7 / 77</p> <p>8 / 81</p> <p>9 / 48</p> <p>10 / 102</p> <p>11 / 127</p> <p>12 / 55</p> <p>Reading</p> <p>Grade / Number of students</p> <p>K / 29</p>

	1 / 106 2 / 25 3 / 64 4 / 47 5 / 102 6 / 65 7 / 71 8 / 99 9 / 75 10 / 67 11 / 84 12 / 73
7. Minimum/Maximum Number of Students Able to Serve	<p><i>Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.</i></p> <p>1 student</p> <p><i>Please indicate the maximum number of students you will be willing to serve per school site.</i></p> <p>5000 students</p>
8. Service Area	<p><i>Please list the district(s) and school(s) in which you are able to provide services.</i></p> <p>District(s): All _____</p> <p>School(s): All _____</p>
9. Geographic Setting	<p><i>Check the setting(s) in which you are prepared to provide services.</i></p> <p><input checked="" type="checkbox"/> Urban</p> <p><input checked="" type="checkbox"/> Rural</p> <p><input checked="" type="checkbox"/> Suburban</p>
10. Place of Service	<p><i>Please check the location(s) that best describes where you deliver services to students.</i></p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Business</p> <p><input type="checkbox"/> Place of religious worship (e.g., church synagogue, mosque, temple)</p> <p><input type="checkbox"/> Community Center</p> <p><input type="checkbox"/> Provider's home</p> <p><input type="checkbox"/> Student's home</p> <p><input checked="" type="checkbox"/> On-line</p> <p>• Accessed from: Student's home _____</p> <p><input type="checkbox"/> Other: _____</p>

	<p>Is this location accessible to handicapped individuals? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)</i> N/A</p>
11. Specific Student Populations Served	<p><i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box.</i></p> <p> <input checked="" type="checkbox"/> Low-Income students <input checked="" type="checkbox"/> Minority students <input checked="" type="checkbox"/> Migrant students <input type="checkbox"/> Limited English proficient students </p> <p>Indicate particular language(s) with which you have expertise</p> <p> <input checked="" type="checkbox"/> Special education students <input type="checkbox"/> Other: (describe) _____ </p> <p><input type="checkbox"/> Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.</p> <p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>
12. Type of Organization	<p><i>Please check the category or categories that best describe your organization.</i></p> <p> <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit <input type="checkbox"/> School <input type="checkbox"/> District <input type="checkbox"/> Educational Service Unit <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Faith-Based Organization <input type="checkbox"/> Community Agency <input type="checkbox"/> Individual <input type="checkbox"/> On-line <input type="checkbox"/> Other (describe) _____ </p>
13. Time of Service	<p><i>Check the time(s) that best describe when you deliver services to students.</i></p> <p> <input checked="" type="checkbox"/> Before School <input checked="" type="checkbox"/> After School <input checked="" type="checkbox"/> Weekends <input checked="" type="checkbox"/> Summer <input type="checkbox"/> Other </p>
14. Length of Service	<p><i>Nebraska is requiring providers to deliver a minimum of 18 hours of tutoring service per student for the 2015-2016 school year.</i></p> <p><i>(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours)</i></p>

	<p>30 hours</p> <p>(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks) 3 months</p> <p>(c) Describe how your program will operate (e.g. 60 minutes three times per week) 90 minutes, 4 to 5 times per week</p>
15. Cost	<p>Provide an average <u>per pupil cost</u>, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a <u>specific</u> description of your pricing structure. Maximum cost per hour of service allowed in Nebraska for the 2015-2016 school year is <u>\$55.00</u>.</p> <p>\$50</p>
16. Diagnostic Assessment	<p>Name the instrument that will be used to diagnose skill levels of each individual student.</p> <p>GRADE and GMADE developed by Pearson Education Inc.</p>
17. Mode of Instruction	<p>Please indicate which keyword(s) best match your program's offerings:</p> <p><input type="checkbox"/> Individual tutoring <input type="checkbox"/> Small group tutoring <input checked="" type="checkbox"/> On-line <input type="checkbox"/> Computer Assisted</p> <p>Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.</p> <p>We teach students through animations and interactive lessons on the computer combined with frequent remedial interactions with tutors. All of our students learn with the aim of performing well on their state exams and our state</p>

	<p>aligned curriculum helps them to achieve the same. In the past years, the scores of the students in Math performing 2 grade levels below their current grade level increased by 12%, and those of performing 1 grade level below their current grade level increased by 18% from the pre-assessment to the post assessment tests.</p>
18(b). Technology	<p><i>If On-line and/or Computer Assisted were checked in the previous box, please complete the following.</i></p> <p><i>a. Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. Mark as Documentation I.18(b)</i></p> <p>The tutoring platform has been developed by us, and hence no license or agreement is required.</p> <p><i>b. Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.</i></p> <p>We don't require on-site equipment as we provide Internet enabled laptop / tablet to every student, who doesn't have it already.</p> <p><i>c. How will you provide orientation and consultation with the school staff, students, and parents?</i></p> <p>We contact school staff, students and parents over phone for orientation and consultation.</p> <p><i>d. How will you provide continuous on-site support to participating students?</i></p> <p>We provide on-site support through a team of support staff.</p>
18. Student/Instructor Ratio	<p><i>List the ratio of instructors to children in your program.</i></p> <p>1 <u>student</u> for every 1 instructor</p>
19. SES Services in other States	<p><i>Have you provided SES services in other states?</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If you have provided SES services in other states, has your program ever been removed from the list of approved providers?</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

**20. In-state parent/district
support for services**

*Do you plan on providing an in-state representative to work
directly with parents and districts?*

☐ Yes

☒ No

I. BASIC PROGRAM INFORMATION

Please check one:

☒ Established, research based program: ***Applying for Approval***

☐ Newly developed program: ***Applying for Year 1 Conditional Approval*** (For any of the following items that cannot be completed, mark with NA.)

1. Program Name	1 to 1 Tutoring																																												
2. Federal EIN or Social Security Number	51-0425410																																												
3. Subject Areas and Grade Levels Able to Serve	<p>Please check subject areas and list grade levels you address in working with students.</p> <p><input checked="" type="checkbox"/> Reading Grades K-12</p> <p><input checked="" type="checkbox"/> Language Arts Grades K-12</p> <p><input checked="" type="checkbox"/> Mathematics Grades K-12</p> <p><input type="checkbox"/> Other (Specify) _____ Grades _____</p>																																												
4. Grade Levels and Subject Areas Currently Served	<p>Please list subject areas and the grade levels of your students currently served.</p> <p>Reading K-8</p> <p>Language Arts K-8</p> <p>Mathematics K-8</p>																																												
5. Date SSP Formed	<p>Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.</p> <p>May 2004</p>																																												
6. Number of Students Currently Served	<p>Please provide the number of students you currently serve, by subject and grade level.</p> <table border="1"> <thead> <tr> <th colspan="2">MATHEMATICS</th><th colspan="2">READING / LANGUAGE ARTS</th></tr> <tr> <th>Grade</th><th># of Students</th><th>Grade</th><th># of Students</th></tr> </thead> <tbody> <tr> <td>K</td><td>10</td><td>K</td><td>31</td></tr> <tr> <td>1</td><td>24</td><td>1</td><td>54</td></tr> <tr> <td>2</td><td>28</td><td>2</td><td>39</td></tr> <tr> <td>3</td><td>48</td><td>3</td><td>57</td></tr> <tr> <td>4</td><td>56</td><td>4</td><td>42</td></tr> <tr> <td>5</td><td>42</td><td>5</td><td>38</td></tr> <tr> <td>6</td><td>40</td><td>6</td><td>9</td></tr> <tr> <td>7</td><td>6</td><td>7</td><td>2</td></tr> <tr> <td>8</td><td>8</td><td>8</td><td>1</td></tr> </tbody> </table>	MATHEMATICS		READING / LANGUAGE ARTS		Grade	# of Students	Grade	# of Students	K	10	K	31	1	24	1	54	2	28	2	39	3	48	3	57	4	56	4	42	5	42	5	38	6	40	6	9	7	6	7	2	8	8	8	1
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7	6	7	2																																										
8	8	8	1																																										

7. Minimum/Maximum Number of Students Able to Serve	<p><i>Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.</i></p> <p><u>Minimum: 1 student per school site</u></p> <p><i>Please indicate the maximum number of students you will be willing to serve per school site.</i></p> <p><u>Maximum: 100 students per school site</u></p>
8. Service Area	<p><i>Please list the district(s) and school(s) in which you are able to provide services.</i></p> <p>District(s): <u>Omaha Public Schools</u> <u>Westside Community Schools</u></p> <p>Schools: <u>The list of schools at which we are able to provide services was too long to fit into this form. Randy McIntyre advised us via email that listing the districts alone would adequately meet this requirement. We plan to serve ALL ELIGIBLE SCHOOLS in Omaha Public Schools and Westside Community Schools.</u></p>
9. Geographic Setting	<p><i>Check the setting(s) in which you are prepared to provide services.</i></p> <p><input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Suburban</p>
10. Place of Service	<p><i>Please check the location(s) that best describes where you deliver services to students.</i></p> <p><input checked="" type="checkbox"/> School <input type="checkbox"/> Business <input checked="" type="checkbox"/> Place of religious worship (e.g., church synagogue, mosque, temple) <input checked="" type="checkbox"/> Community Center <input type="checkbox"/> Provider's home <input checked="" type="checkbox"/> Student's home <input type="checkbox"/> On-line</p> <p>• Accessed from: _____</p> <p><input type="checkbox"/> Other: _____</p> <p>Is this location accessible to handicapped individuals? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

	<p><i>How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)</i></p> <p><u>Most of our tutoring takes places at students' schools and in students' homes; these locations do not trigger a need for transportation. For tutoring that takes place at places of worship or community centers, we work with parents/guardians to ensure that they are able to provide the required transportation, students can take public transportation, or students can walk home.</u></p>
<p>11. Specific Student Populations Served</p>	<p><i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box.</i></p> <p><input checked="" type="checkbox"/> Low-Income students</p> <p><input checked="" type="checkbox"/> Minority students</p> <p><input type="checkbox"/> Migrant students</p> <p><input checked="" type="checkbox"/> Limited English proficient students</p> <p>Indicate particular language(s) with which you have expertise <u>Spanish and Karen</u></p> <p><input type="checkbox"/> Special education students</p> <p><input type="checkbox"/> Other: (describe) _____</p> <p><input type="checkbox"/> <i>Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>12. Type of Organization</p>	<p><i>Please check the category or categories that best describe your organization.</i></p> <p><input checked="" type="checkbox"/> For Profit</p> <p><input type="checkbox"/> Not for Profit</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> District</p> <p><input type="checkbox"/> Educational Service Unit</p> <p><input type="checkbox"/> Institution of Higher Education</p> <p><input type="checkbox"/> Faith-Based Organization</p> <p><input type="checkbox"/> Community Agency</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> On-line</p> <p><input type="checkbox"/> Other (describe) _____</p>

13. Time of Service	<p><i>Check the time(s) that best describe when you deliver services to students.</i></p> <p><input checked="" type="checkbox"/> Before School</p> <p><input checked="" type="checkbox"/> After School</p> <p><input checked="" type="checkbox"/> Weekends</p> <p><input checked="" type="checkbox"/> Summer</p> <p><input type="checkbox"/> Other</p>
14. Length of Service	<p><i>Nebraska is requiring providers to deliver a minimum of 18 hours of tutoring service per student for the 2015-2016 school year.</i></p> <p><i>(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours)</i></p> <p><u>We will provide each student with a minimum of 21 hours of tutoring.</u></p> <p><i>(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks)</i></p> <p><u>Our program typically operates 12-14 weeks.</u></p> <p><i>(c) Describe how your program will operate (e.g. 60 minutes three times per week)</i></p> <p><u>We typically provide a 1-hour tutoring session twice per week.</u></p>
15. Cost	<p><i>Provide an average <u>per pupil cost</u> per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a <u>specific</u> description of your pricing structure. Maximum cost per hour of service allowed in Nebraska for the 2015-2016 school year is \$55.00.</i></p> <p><u>Our average per pupil cost is \$55 per hour.</u></p>
16. Diagnostic Assessment	<p><i>Name the instrument that will be used to diagnose skill levels of each individual student.</i></p> <p><u>The instrument that we will use to diagnose the skill levels of each individual student is the Achieve Test, published by the United Learning Center.</u></p>
17. Mode of Instruction	<p><i>Please indicate which keyword(s) best match your program's offerings:</i></p> <p><input checked="" type="checkbox"/> Individual tutoring</p> <p><input checked="" type="checkbox"/> Small group tutoring</p> <p><input type="checkbox"/> On-line</p> <p><input type="checkbox"/> Computer Assisted</p>

	<p><i>Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.</i></p> <p><u>1 to 1 Tutoring provides personalized face-to-face tutoring. We tutor students in reading, English Language Arts, and mathematics. We use engaging and colorful workbooks that are aligned to state learning standards and are research-based. Tutoring takes place one-to-one or in small groups of 2-4 students per Tutor. Tutoring sessions typically are 1 hour in duration and take place twice per week.</u></p>
18(b). Technology	<p><i>If On-line and/or Computer Assisted were checked in the previous box, please complete the following. N/A</i></p> <p><i>a. Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. Mark as Documentation I.18(b)</i></p> <p><i>b. Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.</i></p> <p><i>c. How will you provide orientation and consultation with the school staff, students, and parents?</i></p> <p><i>d. How will you provide continuous on-site support to participating students?</i></p>
18. Student/Instructor Ratio	<p><i>List the ratio of instructors to children in your program.</i></p> <p><u>1-4</u> students for every 1 instructor</p>
19. SES Services in other States	<p><i>Have you provided SES services in other states?</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If you have provided SES services in other states, has your program ever been removed from the list of approved providers?</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
20. In-state parent/district support for services	<p><i>Do you plan on providing an in-state representative to work directly with parents and districts?</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

I. BASIC PROGRAM INFORMATION

Please check one:

- ☒ Established, research based program: **Applying for Approval**
☐ Newly developed program: **Applying for Year 1 Conditional Approval** (For any of the following items that cannot be completed, mark with NA.)

1. Program Name	1 2 3 Math and Reading
2. Federal EIN or Social Security Number	27-2103816
3. Subject Areas and Grade Levels Able to Serve	<p>Please check subject areas and list grade levels you address in working with students.</p> <p><input checked="" type="checkbox"/> Reading Grades K - 12</p> <p><input checked="" type="checkbox"/> Language Arts Grades K - 12</p> <p><input checked="" type="checkbox"/> Mathematics Grades K - 12</p> <p><input type="checkbox"/> Other (Specify) _____ Grades _____</p>
4. Grade Levels and Subject Areas Currently Served	<p>Please list subject areas and the grade levels of your students currently served.</p> <p>Reading, Language Arts and Mathematics K - 12</p>
5. Date SSP Formed	<p>Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.</p> <p>03/15/2010</p>
6. Number of Students Currently Served	<p>Please provide the number of students you currently serve, by subject and grade level.</p> <p>Reading / Language Arts</p> <p>Grade K - 120</p> <p>Grade 1 - 145</p> <p>Grade 2 - 116</p> <p>Grade 3 - 195</p> <p>Grade 4 - 204</p> <p>Grade 5 - 181</p> <p>Grade 6 - 172</p> <p>Grade 7 - 159</p> <p>Grade 8 - 122</p> <p>Grade 9 - 161</p> <p>Grade 10 - 155</p> <p>Grade 11 - 162</p> <p>Grade 12 - 177</p> <p>Math</p> <p>Grade K - 82</p> <p>Grade 1 - 103</p> <p>Grade 2 - 109</p>

	<p>Grade 3 - 181 Grade 4 - 217 Grade 5 - 119 Grade 6 - 126 Grade 7 - 274 Grade 8 - 212 Grade 9 - 121 Grade 10 - 139 Grade 11 - 151 Grade 12 - 194</p>
7. Minimum/Maximum Number of Students Able to Serve	<p><i>Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.</i></p> <p>1 student</p> <p><i>Please indicate the maximum number of students you will be willing to serve per school site.</i></p> <p>5000 students</p>
8. Service Area	<p><i>Please list the district(s) and school(s) in which you are able to provide services.</i></p> <p>District(s): All _____</p> <p>School(s): All _____</p>
9. Geographic Setting	<p><i>Check the setting(s) in which you are prepared to provide services.</i></p> <p><input checked="" type="checkbox"/> Urban <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Suburban</p>
10. Place of Service	<p><i>Please check the location(s) that best describes where you deliver services to students.</i></p> <p><input type="checkbox"/> School <input type="checkbox"/> Business <input type="checkbox"/> Place of religious worship (e.g., church synagogue, mosque, temple) <input type="checkbox"/> Community Center <input type="checkbox"/> Provider's home <input type="checkbox"/> Student's home <input checked="" type="checkbox"/> On-line</p> <p>• Accessed from: Student's home _____</p> <p><input type="checkbox"/> Other: _____</p> <p>Is this location accessible to handicapped individuals? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)</i></p>

	N/A
11. Specific Student Populations Served	<p><i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box.</i></p> <p> <input checked="" type="checkbox"/> Low-Income students <input checked="" type="checkbox"/> Minority students <input checked="" type="checkbox"/> Migrant students <input type="checkbox"/> Limited English proficient students </p> <p>Indicate particular language(s) with which you have expertise</p> <p> <input checked="" type="checkbox"/> Special education students <input type="checkbox"/> Other: (describe) _____ <input type="checkbox"/> Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas. </p> <p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>
12. Type of Organization	<p><i>Please check the category or categories that best describe your organization.</i></p> <p> <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit <input type="checkbox"/> School <input type="checkbox"/> District <input type="checkbox"/> Educational Service Unit <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Faith-Based Organization <input type="checkbox"/> Community Agency <input type="checkbox"/> Individual <input type="checkbox"/> On-line <input type="checkbox"/> Other (describe) _____ </p>
13. Time of Service	<p><i>Check the time(s) that best describe when you deliver services to students.</i></p> <p> <input checked="" type="checkbox"/> Before School <input checked="" type="checkbox"/> After School <input checked="" type="checkbox"/> Weekends <input checked="" type="checkbox"/> Summer <input type="checkbox"/> Other </p>
14. Length of Service	<p><i>Nebraska is requiring providers to deliver a minimum of 18 hours of tutoring service per student for the 2015-2016 school year.</i></p> <p><i>(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours)</i> 15 to 30 hours (Depending upon the amount per pupil allocated, by the district)</p> <p><i>(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks)</i> 3 months</p>

	<p>(c) Describe how your program will operate (e.g. 60 minutes three times per week) 90 minutes, 4 to 5 times per week</p>
15. Cost	<p>Provide an average per pupil cost, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a specific description of your pricing structure. Maximum cost per hour of service allowed in Nebraska for the 2015-2016 school year is \$55.00.</p> <p>\$50 per hour</p>
16. Diagnostic Assessment	<p>Name the instrument that will be used to diagnose skill levels of each individual student.</p> <p>PLATO® eduTest Assessment</p>
17. Mode of Instruction	<p>Please indicate which keyword(s) best match your program's offerings:</p> <p> <input type="checkbox"/> Individual tutoring <input type="checkbox"/> Small group tutoring <input checked="" type="checkbox"/> On-line <input type="checkbox"/> Computer Assisted </p> <p>Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.</p> <p>1 2 3 Math and Reading teaches students through animations and interactive lessons on the computer combined with frequent remedial interactions with tutors. In the past years, the scores of the students in Math performing 2 grade levels below their current grade level increased by 15%, and those of performing 1 grade level below their current grade level increased by 21% from the pre-assessment to the post assessment tests.</p>
18(b). Technology	<p>If On-line and/or Computer Assisted were checked in the previous box, please complete the following.</p> <p>a. Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. Mark as Documentation I.18(b)</p> <p>We have developed our own online platform. This is a</p>

	<p>proprietary software, and hence no license or agreement is required.</p> <p>b. Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively. <i>No on-site equipment is required, as we provide Internet enabled laptop / tablet to every student, who doesn't have it already.</i></p> <p>c. How will you provide orientation and consultation with the school staff, students, and parents? <i>The consultation with the school staff, students and parents will be done either online, or over phone</i></p> <p>d. How will you provide continuous on-site support to participating students? <i>We have a team of support staff, who provide on-site support, if needed.</i></p>
18. Student/Instructor Ratio	<p>List the ratio of instructors to children in your program.</p> <p>1 <u>student</u> for every 1 instructor</p>
19. SES Services in other States	<p>Have you provided SES services in other states? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you have provided SES services in other states, has your program ever been removed from the list of approved providers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
20. In-state parent/district support for services	<p>Do you plan on providing an in-state representative to work directly with parents and districts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

I. BASIC PROGRAM INFORMATION

Please check one:

- ☒ Established, research based program: ***Applying for Approval***
☐ Newly developed program: ***Applying for Year 1 Conditional Approval (For any of the following items that cannot be completed, mark with NA.)***

1. Program Name	Above & Beyond Learning, Inc.
2. Federal EIN or Social Security Number	27-1786296
3. Subject Areas and Grade Levels Able to Serve	<p><i>Please check subject areas and list grade levels you address in working with students.</i></p> <p><input checked="" type="checkbox"/> Reading Grades <u>K-12</u></p> <p><input checked="" type="checkbox"/> Language Arts Grades <u>K-12</u></p> <p><input checked="" type="checkbox"/> Mathematics Grades <u>K-12</u></p> <p><input type="checkbox"/> Other (Specify) _____ Grades _____</p>
4. Grade Levels and Subject Areas Currently Served	<p><i>Please list subject areas and the grade levels of your students currently served.</i></p> <p>K-12 Reading, Language Arts and Mathematics</p>
5. Date SSP Formed	<p><i>Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.</i></p> <p>January 2010-present</p>
6. Number of Students Currently Served	<p><i>Please provide the number of students you currently serve, by subject and grade level.</i></p> <p>1500 students 1000 Reading/Language Arts K-12 500 Mathematics K-12</p>
7. Minimum/Maximum Number of Students Able to Serve	<p><i>Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.</i></p> <p>1 student</p> <p><i>Please indicate the maximum number of students you will be willing to serve per school site.</i></p> <p>10,000 students</p>

8. Service Area	<p><i>Please list the district(s) and school(s) in which you are able to provide services.</i></p> <p>District(s): <u>All (Statewide)</u></p> <p>School(s): <u>All (Statewide)</u></p>
9. Geographic Setting	<p><i>Check the setting(s) in which you are prepared to provide services.</i></p> <p><input checked="" type="checkbox"/> Urban</p> <p><input checked="" type="checkbox"/> Rural</p> <p><input type="checkbox"/> Suburban</p>
10. Place of Service	<p><i>Please check the location(s) that best describes where you deliver services to students.</i></p> <p><input checked="" type="checkbox"/> School</p> <p><input checked="" type="checkbox"/> Business</p> <p><input checked="" type="checkbox"/> Place of religious worship (e.g., church synagogue, mosque, temple)</p> <p><input checked="" type="checkbox"/> Community Center</p> <p><input type="checkbox"/> Provider's home</p> <p><input checked="" type="checkbox"/> Student's home</p> <p><input checked="" type="checkbox"/> On-line</p> <p>• Accessed from: <u>Home or any of the above</u></p> <p><input type="checkbox"/> Other: _____</p> <p>Is this location accessible to handicapped individuals?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)</i></p> <p>Provider will offer transportation for in school programs.</p>

11. Specific Student Populations Served	<p><i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box.</i></p> <p><input checked="" type="checkbox"/> Low-Income students</p> <p><input checked="" type="checkbox"/> Minority students</p> <p><input checked="" type="checkbox"/> Migrant students</p> <p><input checked="" type="checkbox"/> Limited English proficient students</p> <p>Indicate particular language(s) with which you have expertise Spanish, French, Haitian Creole</p> <p><input checked="" type="checkbox"/> Special education students</p> <p><input type="checkbox"/> Other: (describe) _____</p> <p><input checked="" type="checkbox"/> Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
12. Type of Organization	<p><i>Please check the category or categories that best describe your organization.</i></p> <p><input checked="" type="checkbox"/> For Profit</p> <p><input type="checkbox"/> Not for Profit</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> District</p> <p><input type="checkbox"/> Educational Service Unit</p> <p><input type="checkbox"/> Institution of Higher Education</p> <p><input type="checkbox"/> Faith-Based Organization</p> <p><input type="checkbox"/> Community Agency</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> On-line</p> <p><input type="checkbox"/> Other (describe) _____</p>
13. Time of Service	<p><i>Check the time(s) that best describe when you deliver services to students.</i></p> <p><input checked="" type="checkbox"/> Before School</p> <p><input checked="" type="checkbox"/> After School</p> <p><input checked="" type="checkbox"/> Weekends</p> <p><input checked="" type="checkbox"/> Summer</p> <p>Other _____</p>
14. Length of Service	<p><i>Nebraska is requiring providers to deliver a minimum of 18 hours of tutoring service per student for the 2015-2016 school year.</i></p> <p>(a) <i>Describe the total number of hours tutoring will be provided (e.g. 40 hours) 20 hours individual, 30 hours group, 25 hours online</i></p> <p>(b) <i>Describe the length of time you estimate your program will operate (e.g. 15 weeks) 10-20 weeks</i></p> <p>(c) <i>Describe how your program will operate (e.g. 60 minutes three times per week) 60 minutes two times per week</i></p>

15. Cost	<p><i>Provide an average per pupil cost, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a specific description of your pricing structure. Maximum cost per hour of service allowed in Nebraska for the 2015-2016 school year is \$55.00.</i></p> <p>Individual \$55/hour Online \$50/hour Group \$45/hour</p>
16. Diagnostic Assessment	<p><i>Name the instrument that will be used to diagnose skill levels of each individual student.</i></p> <p>Coach Crosswalk Diagnostic Assessment by Triumph Learning</p> <p>Or</p> <p>SureStudy Online Diagnostic Assessment</p>
17. Mode of Instruction	<p><i>Please indicate which keyword(s) best match your program's offerings:</i></p> <p><input checked="" type="checkbox"/> Individual tutoring <input checked="" type="checkbox"/> Small group tutoring <input checked="" type="checkbox"/> On-line <input checked="" type="checkbox"/> Computer Assisted</p> <p><i>Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.</i></p> <p>Above & Beyond Learning provides aggressive supplemental education that is consistent with district practices and structured to meet the needs of students in both reading or mathematics in grades K-12. Our research-based and scientifically proven instructional strategies and curriculum from Triumph Learning have shown to be effective in all instructional settings such as individual, in home and group. Each student is evaluated prior to the commencement of tutoring using approved, research based and scientifically proven assessment tools that formulate measurable objectives which incorporate into the student's learning plan. Over the last 5 years Above & Beyond Learning has successfully serviced over 5000 students in 13 states with a goal mastery of at least 15% and a program completion rate of 95%.</p>

<p>18(b). Technology</p>	<p><i>If On-line and/or Computer Assisted were checked in the previous box, please complete the following.</i></p> <p><i>a. Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. Mark as Documentation I.18(b)</i></p> <p><i>b. Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.</i></p> <p>All students that do not have computer access will be provided with an android tablet and login credentials to our Online component, SureStudy. Students will need access to wifi internet at home or any location they wish to use our online program.</p> <p><i>c. How will you provide orientation and consultation with the school staff, students, and parents?</i></p> <p>Our devices arrive to the student, whether for in home online or online at school, locked via our encrypted software program Airwatch. The tablet is only able to connect to Wi-Fi and launch the SureStudy browser. All programs, applications and internet browsers are disabled. With the package is a user manual and step by step explanation for powering the tablet, connecting the tablet to Wi-Fi, logging onto SureStudy, Pretesting on SureStudy, communicating with tutors via the chat system and engaging in lessons. Our office is open from 9AM-9PM CST, our technical staff and tutors are available to all interested parties via SureStudy online chat message system, SureStudy email and our Toll free 800 number.</p> <p><i>d. How will you provide continuous on-site support to participating students?</i></p> <p>Our office is open from 9AM-9PM CST, our technical staff and tutors are available to provide continuous on-site support to all participating students via SureStudy online chat message system, SureStudy email and our Toll free 800 number. Troubleshooting will be handled</p>

	by our office via our toll free 800 number. For our online onsite programs our technical staff and tutors are available during program hours.
18. Student/Instructor Ratio	<p><i>List the ratio of instructors to children in your program.</i></p> <p><u>5</u> students for every 1 instructor</p>
19. SES Services in other States	<p><i>Have you provided SES services in other states?</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If you have provided SES services in other states, has your program ever been removed from the list of approved providers?</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
20. In-state parent/district support for services	<p><i>Do you plan on providing an in-state representative to work directly with parents and districts?</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

I. BASIC PROGRAM INFORMATION

Please check one:

- ☒ Established, research based program: **Applying for Approval**
☐ Newly developed program: **Applying for Year 1 Conditional Approval** (For any of the following items that cannot be completed, mark with NA.)

1. Program Name	Academic Tutoring Service
2. Federal EIN or Social Security Number	27-1332524
3. Subject Areas and Grade Levels Able to Serve	<p>Please check subject areas and list grade levels you address in working with students.</p> <p><input checked="" type="checkbox"/> Reading Grades K-12</p> <p><input checked="" type="checkbox"/> Language Arts Grades K-12</p> <p><input checked="" type="checkbox"/> Mathematics Grades K-12</p> <p><input type="checkbox"/> Other (Specify) _____ Grades _____</p>
4. Grade Levels and Subject Areas Currently Served	<p>Please list subject areas and the grade levels of your students currently served.</p> <p>K-12. Reading; Language Arts and Mathematics.</p>
5. Date SSP Formed	<p>Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.</p> <p>July 01, 2009</p>
6. Number of Students Currently Served	<p>Please provide the number of students you currently serve, by subject and grade level.</p> <p>6119 in English & Mathematics</p>
7. Minimum/Maximum Number of Students Able to Serve	<p>Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.</p> <p>Minimum of 3 students</p> <p>Please indicate the maximum number of students you will be willing to serve per school site.</p> <p>Maximum of 500 Students</p>
8. Service Area	<p>Please list the district(s) and school(s) in which you are able to provide services.</p> <p>District(s): Statewide</p> <p>School(s): Statewide</p>
9. Geographic Setting	<p>Check the setting(s) in which you are prepared to provide services.</p> <p><input checked="" type="checkbox"/> Urban</p> <p><input checked="" type="checkbox"/> Rural</p> <p><input checked="" type="checkbox"/> Suburban</p>

10. Place of Service	<p><i>Please check the location(s) that best describes where you deliver services to students.</i></p> <p><input checked="" type="checkbox"/> School</p> <p><input type="checkbox"/> Business</p> <p><input checked="" type="checkbox"/> Place of religious worship (e.g., church synagogue, mosque, temple)</p> <p><input checked="" type="checkbox"/> Community Center</p> <p><input type="checkbox"/> Provider's home</p> <p><input checked="" type="checkbox"/> Student's home</p> <p><input type="checkbox"/> On-line</p> <p>• Accessed from: _____</p> <p><input checked="" type="checkbox"/> Other: _____ Public Library</p> <p>Is this location accessible to handicapped individuals?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)</i></p> <p><i>We do not provide transportation as we mostly tutor in the student's home or at school.</i></p>
11. Specific Student Populations Served	<p><i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box.</i></p> <p><input checked="" type="checkbox"/> Low-Income students</p> <p><input checked="" type="checkbox"/> Minority students</p> <p><input checked="" type="checkbox"/> Migrant students</p> <p><input checked="" type="checkbox"/> Limited English proficient students</p> <p>Indicate particular language(s) with which you have expertise _____ Spanish _____</p> <p><input checked="" type="checkbox"/> Special education students</p> <p><input type="checkbox"/> Other: (describe) _____</p> <p><input type="checkbox"/> <i>Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
12. Type of Organization	<p><i>Please check the category or categories that best describe your organization.</i></p> <p><input checked="" type="checkbox"/> For Profit</p> <p><input type="checkbox"/> Not for Profit</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> District</p> <p><input type="checkbox"/> Educational Service Unit</p> <p><input type="checkbox"/> Institution of Higher Education</p> <p><input type="checkbox"/> Faith-Based Organization</p> <p><input type="checkbox"/> Community Agency</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> On-line</p> <p><input type="checkbox"/> Other (describe) _____</p>

13. Time of Service	<p>Check the time(s) that best describe when you deliver services to students.</p> <p><input type="checkbox"/> Before School</p> <p><input checked="" type="checkbox"/> After School</p> <p><input checked="" type="checkbox"/> Weekends</p> <p><input type="checkbox"/> Summer</p> <p><input type="checkbox"/> Other</p>
14. Length of Service	<p>Nebraska is requiring providers to deliver a minimum of 18 hours of tutoring service per student for the 2015-2016 school year.</p> <p>(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours) <u>18-22 Hours</u></p> <p>(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks) <u>12 Weeks</u></p> <p>(c) Describe how your program will operate (e.g. 60 minutes three times per week)</p> <p>Our sessions are one to two hours long. We like to tutor our students two to three times a week.</p>
15. Cost	<p>Provide an average <u>per pupil cost</u>, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a <u>specific</u> description of your pricing structure. Maximum cost per hour of service allowed in Nebraska for the 2015-2016 school year is \$55.00.</p> <p>Our Average per pupil cost is <u>\$50 per hour</u>. Our typical unit of service is one hour.</p>
16. Diagnostic Assessment	<p>Name the instrument that will be used to diagnose skill levels of each individual student.</p> <p>We use "GRADE" for English/Language Arts We use "GMADE" for Mathematics.</p>
17. Mode of Instruction	<p>Please indicate which keyword(s) best match your program's offerings:</p> <p><input checked="" type="checkbox"/> Individual tutoring</p> <p><input checked="" type="checkbox"/> Small group tutoring</p> <p><input type="checkbox"/> On-line</p> <p><input checked="" type="checkbox"/> Computer Assisted</p> <p>Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.</p> <p>We tutor our students face-to-face in either a one-on-one or small group setting. We supplement our instructions</p>

	with a tablet computer to further engage the student's learning.
18(b). Technology	<p><i>If On-line and/or Computer Assisted were checked in the previous box, please complete the following.</i></p> <p><i>a. Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. Mark as Documentation 1.18(b)</i></p> <p><i>b. Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.</i></p> <p><i>c. How will you provide orientation and consultation with the school staff, students, and parents?</i></p> <p><i>d. How will you provide continuous on-site support to participating students?</i></p> <p>a) Attached Doc 1.18(b) is proof that we have purchased licensing to use our software "Brain POP".</p> <p>b) Tablet Computer, Brain POP, Internet Access.</p> <p>c) Our tutors are trained in our instructional processes. During the face-to-face orientation with the parents, students and or school staff, our tutoring will elaborate and demonstrate the course work with the students, parents and school staff</p> <p>d) Our tutors have extensive training and knowhow with our technology setup. If we have an equipment failure, the tutors will replace the technology and bring working units on the next session.</p>
18. Student/Instructor Ratio	<p><i>List the ratio of instructors to children in your program.</i></p> <p><u>5</u> students for every 1 instructor</p>
19. SES Services in other States	<p><i>Have you provided SES services in other states?</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If you have provided SES services in other states, has your program ever been removed from the list of approved providers?</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

**20. In-state parent/district
support for services**

*Do you plan on providing an in-state representative to
work directly with parents and districts?*

☒ Yes

☐ No

BASIC PROGRAM INFORMATION

Please check one:

Established, research based program: *Applying for Approval*

Newly developed program: *Applying for Year 1 Conditional Approval (For any of the*

following items that cannot be completed, mark with NA.)

Program Name	Applied Scholastics Achievement Program
Federal EIN or Social Security Number	23-7250829
Subject Areas and Grade Levels Able to Serve	<p><i>Please check subject areas and list grade levels you address in working with students.</i></p> <p>Reading Grades ____ K - 8_</p> <p>Language Arts Grades ____ K - 8_</p> <p>Mathematics Grades ____ K - 8_</p> <p>Other (Specify) _____ Grades _____</p>
Grade Levels and Subject Areas Currently Served	<p><i>Please list subject areas and the grade levels of your students currently served.</i></p> <p>We serve grades K-8 in reading, Language Arts and math</p>
Date SSP Formed	<p><i>Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.</i></p> <p>October 2004</p>
Number of Students Currently Served	<p><i>Please provide the number of students you currently serve, by subject and grade level.</i></p> <p>Math Grade 1-10 students, 2-20, 3-68, 4-92, 5-80, 6-85, 7-78, 8-47; ELA/reading Grade K-75, 1-65, 2-110, 3-170, 4-160, 5-102, 6-81, 7-61, 8-51</p>
Minimum/Maximum Number of Students Able to Serve	<p><i>Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.</i> 5</p> <p><i>Please indicate the maximum number of students you will be willing to serve per school</i> 100</p>

Service Area	<p><i>Please list the district(s) and school(s) in which you are able to provide services.</i></p> <p>District(s): Omaha Public Schools</p> <p>School(s): Any elementary and middle school</p>
Geographic Setting	<p><i>Check the setting(s) in which you are prepared to provide services.</i></p> <p>Urban <input checked="" type="checkbox"/></p> <p>Rural</p> <p>Suburban <input checked="" type="checkbox"/></p>
Place of Service	<p><i>Please check the location(s) that best describes where you deliver services to students.</i></p> <p>School <input checked="" type="checkbox"/></p> <p>Business</p> <p>Place of religious worship (e.g., church, synagogue, mosque, temple)</p> <p>Community Center <input checked="" type="checkbox"/></p> <p>Provider's home</p> <p>Student's home <input checked="" type="checkbox"/></p> <p>On-line</p> <p>Accessed from:</p> <p>Other: Local Library <input checked="" type="checkbox"/></p> <p>Is this location accessible to handicapped individuals?</p> <p>Yes <input checked="" type="checkbox"/> No</p> <p><i>How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)</i></p> <p>Outside of school site, parent is responsible</p>
Specific Student Populations Served	<p><i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box.</i></p> <p><input checked="" type="checkbox"/> Low-Income students</p> <p><input checked="" type="checkbox"/> Minority students</p> <p><input checked="" type="checkbox"/> Migrant students</p> <p><input checked="" type="checkbox"/> Limited English proficient students</p> <p>Indicate particular language(s) with which you have expertise:</p> <p>English and Spanish</p> <p>Special education students</p> <p>Other: (describe)</p>

	<p>Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.</p> <p>Yes No <input checked="" type="checkbox"/></p>
Type of Organization	<p>Please check the category or categories that best describe your organization.</p> <p>For Profit</p> <p>Not for Profit <input checked="" type="checkbox"/></p> <p>School</p> <p>District</p> <p>Educational Service Unit</p> <p>Institution of Higher Education</p> <p>Faith-Based Organization</p> <p>Community Agency</p> <p>Individual</p> <p>On-line</p> <p>Other (describe)</p>
Time of Service	<p>Check the time(s) that best describe when you deliver services to students.</p> <p>Before School <input checked="" type="checkbox"/></p> <p>After School <input checked="" type="checkbox"/></p> <p>Weekends <input checked="" type="checkbox"/></p> <p>Summer <input checked="" type="checkbox"/></p> <p>Other</p>
Length of Service	<p>Nebraska is requiring providers to deliver a minimum of 18 hours of tutoring service per student for the 2015-2016 school year.</p> <p>(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours)</p> <p>Will be governed by the LEA SES funding allocation divided by the tutor rate per hour, ordinarily from 18-30 hours per student</p> <p>(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks)</p> <p>As allowed by the LEA, estimated to be 24-28 weeks</p> <p>(c) Describe how your program will operate (e.g. 60 minutes three times per week)</p> <p>60 minutes per session, 3 times per week</p>
Cost	<p>Provide an average per pupil cost, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year,</p>

	<p>etc.) OR provide a <u>specific</u> description of your pricing structure. Maximum cost per hour of service allowed in Nebraska for the 2015-2016 school year is \$55.00.</p> <p>\$ 55.00 per hour of one-on-one tutoring; \$ 45.00 per hour per student for small group tutoring, not to exceed 2 students per tutor</p>
Diagnostic Assessment	<p>Name the instrument that will be used to diagnose skill levels of each individual student.</p> <p>Wide Range Achievement Test 4 (WRAT4)</p>
Mode of Instruction	<p>Please indicate which keyword(s) best match your program's offerings:</p> <p>Individual tutoring <input checked="" type="checkbox"/> X Small group tutoring <input checked="" type="checkbox"/> X On-line Computer Assisted</p> <p>Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.</p> <p>Applied Scholastics has been helping struggling students overcome learning barriers and improve in school achievement for 42 years. Our remedial tutoring program, the Applied Scholastics Achievement Program, produces students who can read fluently and with comprehension. Students are able to complete math problems with full understanding, and who not only pass tests, but have learned how to overcome study barriers on their own. Our tutors work with students individually, and in some cases small groups. All instructional materials are provided.</p>
18(b). Technology	<p>If On-line and/or Computer Assisted were checked in the previous box, please complete the following.</p> <p>Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. Mark as Documentation I.18(b)</p> <p>Describe the minimum on-site technical requirements (i.e. hardware, software,</p>

	<p><i>internet access, etc.) necessary to implement your services effectively.</i></p> <p><i>How will you provide orientation and consultation with the school staff, students, and parents?</i></p> <p><i>How will you provide continuous on-site support to participating students?</i></p> <p><i>Not Applicable</i></p>
Student/Instructor Ratio	<p><i>List the ratio of instructors to children in your program.</i></p> <p><i>Usually 1 student for every 1 instructor; in small group setting 2 students per 1 instructor</i></p>
SES Services in other States	<p><i>Have you provided SES services in other states?</i></p> <p>Yes X No</p> <p><i>If you have provided SES services in other states, has your program ever been removed from the list of approved providers?</i></p> <p>Yes No X</p>
In-state parent/district support for services	<p><i>Do you plan on providing an in-state representative to work directly with parents and districts?</i></p> <p>Yes X No</p>

I. BASIC PROGRAM INFORMATION

Please check one:

- ☒ Established, research based program: **Applying for Approval**
☐ Newly developed program: **Applying for Year 1 Conditional Approval** (For any of the following items that cannot be completed, mark with NA.)

1. Program Name	Arrowhead Online
2. Federal EIN or Social Security Number	27-0451123
3. Subject Areas and Grade Levels Able to Serve	<p><i>Please check subject areas and list grade levels you address in working with students.</i></p> <p><input checked="" type="checkbox"/> Reading Grades K-12</p> <p><input checked="" type="checkbox"/> Language Arts Grades K-12</p> <p><input checked="" type="checkbox"/> Mathematics Grades K-12</p> <p><input type="checkbox"/> Other (Specify) _____ Grades _____</p>
4. Grade Levels and Subject Areas Currently Served	<p><i>Please list subject areas and the grade levels of your students currently served.</i></p> <p>K – 12 Reading/Language Arts & Mathematics</p>
5. Date SSP Formed	<p><i>Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.</i></p> <p>October 2013</p>
6. Number of Students Currently Served	<p><i>Please provide the number of students you currently serve, by subject and grade level.</i></p> <p>Kindergarten – 0 Math, 7 Reading/Language Arts</p> <p>1st Grade – 5 Math, 14 Reading/Language Arts</p> <p>2nd Grade – 5 Math, 7 Reading/Language Arts</p> <p>3rd Grade – 6 Math, 6 Reading/Language Arts</p> <p>4th Grade – 9 Math, 7 Reading/Language Arts</p> <p>5th Grade – 3 Math, 1 Reading/Language Arts</p> <p>6th Grade – 1 Math, 1 Reading/Language Arts</p> <p>7th Grade – 1 Math, 1 Reading/Language Arts</p> <p>8th Grade – 0 Math, 2 Reading/Language Arts</p> <p>9th Grade – 4 Math, 8 Reading/Language Arts</p> <p>10th Grade – 2 Math, 3 Reading/Language Arts</p> <p>11th Grade – 1 Math, 1 Reading/Language Arts</p> <p>12th Grade – 2 Math, 0 Reading/Language Arts</p>
7. Minimum/Maximum Number of Students Able to Serve	<p><i>Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.</i></p> <p>1</p> <p><i>Please indicate the maximum number of students you will be willing to serve per school site.</i></p> <p>District Maximum</p>

8. Service Area	<p><i>Please list the district(s) and school(s) in which you are able to provide services.</i></p> <p>District(s): All _____</p> <p>School(s): All _____</p>
9. Geographic Setting	<p><i>Check the setting(s) in which you are prepared to provide services.</i></p> <p><input checked="" type="checkbox"/> Urban</p> <p><input checked="" type="checkbox"/> Rural</p> <p><input checked="" type="checkbox"/> Suburban</p>
10. Place of Service	<p><i>Please check the location(s) that best describes where you deliver services to students.</i></p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Business</p> <p><input type="checkbox"/> Place of religious worship (e.g., church synagogue, mosque, temple)</p> <p><input type="checkbox"/> Community Center</p> <p><input type="checkbox"/> Provider's home</p> <p><input type="checkbox"/> Student's home</p> <p><input checked="" type="checkbox"/> On-line</p> <p>• Accessed from: <u>Tablet or Computer</u></p> <p><input type="checkbox"/> Other: _____</p> <p>Is this location accessible to handicapped individuals?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)</i></p> <p>Arrowhead Online offers online tutoring. Transportation is not necessary for tutoring services.</p>
11. Specific Student Populations Served	<p><i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box.</i></p> <p><input checked="" type="checkbox"/> Low-Income students</p> <p><input checked="" type="checkbox"/> Minority students</p> <p><input checked="" type="checkbox"/> Migrant students</p> <p><input checked="" type="checkbox"/> Limited English proficient students</p> <p>Indicate particular language(s) with which you have expertise - Spanish</p> <p><input checked="" type="checkbox"/> Special education students</p> <p><input type="checkbox"/> Other: (describe) _____</p> <p><input type="checkbox"/> Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

12. Type of Organization	<p><i>Please check the category or categories that best describe your organization.</i></p> <p> <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit <input type="checkbox"/> School <input type="checkbox"/> District <input type="checkbox"/> Educational Service Unit <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Faith-Based Organization <input type="checkbox"/> Community Agency <input type="checkbox"/> Individual <input type="checkbox"/> On-line <input type="checkbox"/> Other (describe) _____ </p>
13. Time of Service	<p><i>Check the time(s) that best describe when you deliver services to students.</i></p> <p> <input checked="" type="checkbox"/> Before School <input checked="" type="checkbox"/> After School <input checked="" type="checkbox"/> Weekends <input checked="" type="checkbox"/> Summer <input checked="" type="checkbox"/> Other (Holiday Breaks) </p>
14. Length of Service	<p><i>Nebraska is requiring providers to deliver a minimum of 18 hours of tutoring service per student for the 2015-2016 school year.</i></p> <p> <i>(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours)</i> <i>(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks)</i> <i>(c) Describe how your program will operate (e.g. 60 minutes three times per week)</i> </p> <p> A) 30 hrs. B) 15 weeks C) 60 minutes; 2 sessions per week </p>
15. Cost	<p><i>Provide an average per pupil cost, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a <u>specific</u> description of your pricing structure. Maximum cost per hour of service allowed in Nebraska for the 2015-2016 school year is \$55.00.</i></p> <p> Unit of Service equals 1hr. per student Average per pupil cost per unit of service - \$55.00 </p>
16. Diagnostic Assessment	<p><i>Name the instrument that will be used to diagnose skill levels of each individual student.</i></p> <p>Achieve Assessment Test</p>

17. Mode of Instruction	<p><i>Please indicate which keyword(s) best match your program's offerings:</i></p> <p> <input type="checkbox"/> Individual tutoring <input type="checkbox"/> Small group tutoring <input checked="" type="checkbox"/> On-line <input type="checkbox"/> Computer Assisted </p> <p><i>Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.</i></p> <p>Arrowhead Online's computer program is accessible 24hrs a day via the internet on a PC or tablet. Students are engaged through music, graphics, animation and interaction. A tablet and internet service will be provided to students for the duration of the program. The 30 hour Math and/or Reading program is personalized to each student and includes assessments.</p> <p>Since 2009, students completing our program see significant gains in progress, with an average improvement of 6.48 months in grade level equivalency.</p>
18(b). Technology	<p><i>If On-line and/or Computer Assisted were checked in the previous box, please complete the following.</i></p> <p>a. <i>Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. Mark as Documentation 1.18(b)</i></p> <p>b. <i>Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.</i></p> <p>c. <i>How will you provide orientation and consultation with the school staff, students, and parents?</i></p> <p>d. <i>How will you provide continuous on-site support to participating students?</i></p> <p>b. A tablet or PC, internet based software and internet connection. Families without reliable access to the internet and PC or tablet will be provided with necessary program resources for the duration of the program.</p> <p>c. Arrowhead Online provides an in-state representative to work directly with parents, students and school staff. Orientation and consultations can take place in-person, over the phone, and through webinars.</p> <p>d. Arrowhead Online provides an in-state representative to provide continuous on-site support to students.</p>
18. Student/Instructor Ratio	<p><i>List the ratio of instructors to children in your program.</i></p> <p><u>1</u> students for every 1 instructor</p>

19. SES Services in other States	<p><i>Have you provided SES services in other states?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If you have provided SES services in other states, has your program ever been removed from the list of approved providers?</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
20. In-state parent/district support for services	<p><i>Do you plan on providing an in-state representative to work directly with parents and districts?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

I. BASIC PROGRAM INFORMATION

Please check one:

- ☒ Established, research based program: **Applying for Approval**
☐ Newly developed program: **Applying for Year 1 Conditional Approval** (For any of the following items that cannot be completed, mark with NA.)

1. Program Name	Arrowhead Tutors
2. Federal EIN or Social Security Number	27-0451123
3. Subject Areas and Grade Levels Able to Serve	<p>Please check subject areas and list grade levels you address in working with students.</p> <p><input checked="" type="checkbox"/> Reading Grades <u>K-12</u></p> <p><input checked="" type="checkbox"/> Language Arts Grades <u>K-12</u></p> <p><input checked="" type="checkbox"/> Mathematics Grades <u>K-12</u></p> <p><input type="checkbox"/> Other (Specify) _____ Grades _____</p>
4. Grade Levels and Subject Areas Currently Served	<p>Please list subject areas and the grade levels of your students currently served.</p> <p>Pre-K – College. All subjects and test preparation</p>
5. Date SSP Formed	<p>Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.</p> <p>October, 2013</p>
6. Number of Students Currently Served	<p>Please provide the number of students you currently serve, by subject and grade level.</p> <p>Kindergarten – 0 Math, 7 Reading/Language Arts</p> <p>1st Grade – 5 Math, 14 Reading/Language Arts</p> <p>2nd Grade – 5 Math, 7 Reading/Language Arts</p> <p>3rd Grade – 6 Math, 6 Reading/Language Arts</p> <p>4th Grade – 9 Math, 7 Reading/Language Arts</p> <p>5th Grade – 3 Math, 1 Reading/Language Arts</p> <p>6th Grade – 1 Math, 1 Reading/Language Arts</p> <p>7th Grade – 1 Math, 1 Reading/Language Arts</p> <p>8th Grade – 0 Math, 2 Reading/Language Arts</p> <p>9th Grade – 4 Math, 8 Reading/Language Arts</p> <p>10th Grade – 2 Math, 3 Reading/Language Arts</p> <p>11th Grade – 1 Math, 1 Reading/Language Arts</p> <p>12th Grade – 2 Math, 0 Reading/Language Arts</p>
7. Minimum/Maximum Number of Students Able to Serve	<p>Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.</p> <p>1</p> <p>Please indicate the maximum number of students you will be willing to serve per school site.</p> <p>District Maximum</p>

8. Service Area	<p><i>Please list the district(s) and school(s) in which you are able to provide services.</i></p> <p>District(s): All _____</p> <p>School(s): All _____</p>
9. Geographic Setting	<p><i>Check the setting(s) in which you are prepared to provide services.</i></p> <p><input checked="" type="checkbox"/> Urban</p> <p><input checked="" type="checkbox"/> Rural</p> <p><input checked="" type="checkbox"/> Suburban</p>
10. Place of Service	<p><i>Please check the location(s) that best describes where you deliver services to students.</i></p> <p><input checked="" type="checkbox"/> School</p> <p><input checked="" type="checkbox"/> Business</p> <p><input checked="" type="checkbox"/> Place of religious worship (e.g., church synagogue, mosque, temple)</p> <p><input checked="" type="checkbox"/> Community Center</p> <p><input type="checkbox"/> Provider's home</p> <p><input checked="" type="checkbox"/> Student's home</p> <p><input type="checkbox"/> On-line</p> <p>• Accessed from: _____</p> <p><input type="checkbox"/> Other: _____</p> <p>Is this location accessible to handicapped individuals?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)</i></p> <p>Transportation is not provided by Arrowhead Tutors, Inc.</p>
11. Specific Student Populations Served	<p><i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box.</i></p> <p><input checked="" type="checkbox"/> Low-Income students</p> <p><input checked="" type="checkbox"/> Minority students</p> <p><input checked="" type="checkbox"/> Migrant students</p> <p><input checked="" type="checkbox"/> Limited English proficient students</p> <p>Indicate particular language(s) with which you have expertise: Spanish</p> <p><input checked="" type="checkbox"/> Special education students</p> <p><input type="checkbox"/> Other: (describe) _____</p> <p><input type="checkbox"/> Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

12. Type of Organization	<p><i>Please check the category or categories that best describe your organization.</i></p> <p> <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit <input type="checkbox"/> School <input type="checkbox"/> District <input type="checkbox"/> Educational Service Unit <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Faith-Based Organization <input type="checkbox"/> Community Agency <input type="checkbox"/> Individual <input type="checkbox"/> On-line <input type="checkbox"/> Other (describe) _____ </p>
13. Time of Service	<p><i>Check the time(s) that best describe when you deliver services to students.</i></p> <p> <input checked="" type="checkbox"/> Before School <input checked="" type="checkbox"/> After School <input checked="" type="checkbox"/> Weekends <input checked="" type="checkbox"/> Summer <input checked="" type="checkbox"/> Other – Holiday Breaks </p>
14. Length of Service	<p><i>Nebraska is requiring providers to deliver a minimum of 18 hours of tutoring service per student for the 2015-2016 school year.</i></p> <p> <i>(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours)</i> <i>(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks)</i> <i>(c) Describe how your program will operate (e.g. 60 minutes three times per week)</i> </p> <p> A) 20 – 30 hrs. B) 15 weeks C) 60 minutes; 1 – 5 sessions per week </p>
15. Cost	<p><i>Provide an average per pupil cost, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a <u>specific</u> description of your pricing structure. Maximum cost per hour of service allowed in Nebraska for the 2015-2016 school year is \$55.00.</i></p> <p> Unit of Service equals 1hr. per student Average per pupil cost per unit of service - \$53.33 </p>
16. Diagnostic Assessment	<p><i>Name the instrument that will be used to diagnose skill levels of each individual student.</i></p> <p>Achieve Assessment Test</p>
17. Mode of Instruction	<p><i>Please indicate which keyword(s) best match your program's offerings:</i></p> <p> <input checked="" type="checkbox"/> Individual tutoring <input checked="" type="checkbox"/> Small group tutoring </p>

	<input type="checkbox"/> On-line <input type="checkbox"/> Computer Assisted <i>Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.</i> <p>Arrowhead Tutors has helped students succeed in Math and Reading since 2009. Students completing our program see significant gains in progress, with an average improvement of 6.48 months in grade level equivalency. After taking an assessment test, we develop a personalized learning plan that addresses each student's unique needs. Instruction is provided in a 1-on-1 or small group setting. We offer flexible scheduling to accommodate all students with sessions taking place in school, in student's homes or other convenient locations.</p>
18(b). Technology	<p><i>If On-line and/or Computer Assisted were checked in the previous box, please complete the following.</i></p> <p><i>a. Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. Mark as Documentation I.18(b)</i></p> <p><i>b. Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.</i></p> <p><i>c. How will you provide orientation and consultation with the school staff, students, and parents?</i></p> <p><i>d. How will you provide continuous on-site support to participating students?</i></p>
18. Student/Instructor Ratio	<p><i>List the ratio of instructors to children in your program.</i></p> <p><u>9</u> students for every 1 instructor</p>
19. SES Services in other States	<p><i>Have you provided SES services in other states?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If you have provided SES services in other states, has your program ever been removed from the list of approved providers?</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
20. In-state parent/district support for services	<p><i>Do you plan on providing an in-state representative to work directly with parents and districts?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

I. BASIC PROGRAM INFORMATION

Please check one:

- ☒ Established, research based program: **Applying for Approval**
☐ Newly developed program: **Applying for Year 1 Conditional Approval** (For any of the following items that cannot be completed, mark with NA.)

1. Program Name	Believe to Achieve
2. Federal EIN or Social Security Number	45-4388418
3. Subject Areas and Grade Levels Able to Serve	<p>Please check subject areas and list grade levels you address in working with students.</p> <p><input checked="" type="checkbox"/> Reading Grades <u>KG - 8</u></p> <p><input checked="" type="checkbox"/> Language Arts Grades <u>KG - 8</u></p> <p><input checked="" type="checkbox"/> Mathematics Grades <u>KG - 8</u></p> <p><input type="checkbox"/> Other (Specify) _____ Grades _____</p>
4. Grade Levels and Subject Areas Currently Served	<p>Please list subject areas and the grade levels of your students currently served.</p> <p>Reading/Language Arts: KG – 12, Mathematics: KG - 12</p>
5. Date SSP Formed	<p>Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.</p> <p>August, 2012</p>
6. Number of Students Currently Served	<p>Please provide the number of students you currently serve, by subject and grade level.</p> <p>Reading/Language Arts: KG (12), 1st Grade (14), 2nd Grade (9), 3rd Grade (19), 4th Grade (27), 5th Grade (20), 6th Grade (22), 7th Grade (22), 8th Grade (4), 9th Grade (4), 10th Grade (4), 11th Grade (1), 12th Grade (1)</p> <p>Mathematics: KG (1), 1st Grade (3), 2nd Grade (2), 3rd Grade (4), 4th Grade (4), 5th Grade (5), 6th Grade (22), 7th Grade (22), 8th Grade (4), 9th Grade (1), 10th Grade (5), 11th Grade (1), 12th Grade (5)</p>
7. Minimum/Maximum Number of Students Able to Serve	<p>Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.</p> <p>Believe to Achieve requires a minimum of 10 students per school site.</p> <p>Please indicate the maximum number of students you will be willing to serve per school site.</p> <p>Believe to Achieve can serve a maximum of 500 students per school site</p>

8. Service Area	<p><i>Please list the district(s) and school(s) in which you are able to provide services.</i></p> <p>District(s): <u>All Nebraska Districts</u></p> <p>School(s): <u>All Nebraska Schools</u></p>
9. Geographic Setting	<p><i>Check the setting(s) in which you are prepared to provide services.</i></p> <p><input checked="" type="checkbox"/> Urban</p> <p><input checked="" type="checkbox"/> Rural</p> <p><input checked="" type="checkbox"/> Suburban</p>
10. Place of Service	<p><i>Please check the location(s) that best describes where you deliver services to students.</i></p> <p><input checked="" type="checkbox"/> School</p> <p><input type="checkbox"/> Business</p> <p><input checked="" type="checkbox"/> Place of religious worship (e.g., church synagogue, mosque, temple)</p> <p><input checked="" type="checkbox"/> Community Center</p> <p><input type="checkbox"/> Provider's home</p> <p><input checked="" type="checkbox"/> Student's home</p> <p><input type="checkbox"/> On-line</p> <p>• Accessed from: _____</p> <p><input type="checkbox"/> Other: _____</p> <p>Is this location accessible to handicapped individuals?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)</i></p> <p>Believe to Achieve does not provide transportation.</p>
11. Specific Student Populations Served	<p><i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box.</i></p> <p><input checked="" type="checkbox"/> Low-Income students</p> <p><input checked="" type="checkbox"/> Minority students</p> <p><input checked="" type="checkbox"/> Migrant students</p> <p><input checked="" type="checkbox"/> Limited English proficient students</p> <p>Indicate particular language(s) with which you have expertise <u>Spanish, Creole, Nepali</u></p> <p><input checked="" type="checkbox"/> Special education students</p> <p><input type="checkbox"/> Other: (describe) _____</p> <p><input type="checkbox"/> Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

12. Type of Organization	<p><i>Please check the category or categories that best describe your organization.</i></p> <p> <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit <input type="checkbox"/> School <input type="checkbox"/> District <input type="checkbox"/> Educational Service Unit <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Faith-Based Organization <input type="checkbox"/> Community Agency <input type="checkbox"/> Individual <input type="checkbox"/> On-line <input type="checkbox"/> Other (describe) _____ </p>
13. Time of Service	<p><i>Check the time(s) that best describe when you deliver services to students.</i></p> <p> <input checked="" type="checkbox"/> Before School <input checked="" type="checkbox"/> After School <input checked="" type="checkbox"/> Weekends <input checked="" type="checkbox"/> Summer <input type="checkbox"/> Other </p>
14. Length of Service	<p><i>Nebraska is requiring providers to deliver a minimum of 18 hours of tutoring service per student for the 2015-2016 school year.</i></p> <p><i>(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours)</i></p> <p>Believe to Achieve typically provides 25 hours of instruction and requires a minimum of 20 hours</p> <p><i>(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks)</i></p> <p>Believe to Achieve offers 2-4 instructional sessions per week over 10-20 weeks.</p> <p><i>(c) Describe how your program will operate (e.g. 60 minutes three times per week)</i></p> <p>Believe to Achieve's instructional sessions are typically 60 - 120 minutes in length and are provided 2-4 times per week.</p>
15. Cost	<p><i>Provide an average per pupil cost, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a <u>specific</u> description of your pricing structure. Maximum cost per hour of service allowed in Nebraska for the 2015-2016 school year is \$55.00.</i></p> <p> </p> <p>\$55.00 per hour, per student</p>
16. Diagnostic Assessment	<p><i>Name the instrument that will be used to diagnose skill levels of each individual student.</i></p> <p>Comprehensive Assessment of Reading Strategies Comprehensive Assessment of Mathematics Strategies</p>

17. Mode of Instruction	<p><i>Please indicate which keyword(s) best match your program's offerings:</i></p> <p> <input checked="" type="checkbox"/> Individual tutoring <input checked="" type="checkbox"/> Small group tutoring <input type="checkbox"/> On-line <input type="checkbox"/> Computer Assisted </p> <p><i>Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.</i></p> <p>Believe to Achieve provides small group, direct instruction in math and reading to students in grades K-8 at your child's school or at home. Our programs focus on grade level mastery of Nebraska Academic Standards as well as Common Core State Standards (CCSS). Students who have completed our program, demonstrate an average increase from pretest to posttest of 17% in reading and 19% in math.</p>
18(b). Technology	<p><i>If On-line and/or Computer Assisted were checked in the previous box, please complete the following.</i></p> <p>a. <i>Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. Mark as Documentation I.18(b)</i></p> <p>b. <i>Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.</i></p> <p>c. <i>How will you provide orientation and consultation with the school staff, students, and parents?</i></p> <p>d. <i>How will you provide continuous on-site support to participating students?</i></p>
18. Student/Instructor Ratio	<p><i>List the ratio of instructors to children in your program.</i></p> <p><u>5-8</u> students for every 1 instructor</p>
19. SES Services in other States	<p><i>Have you provided SES services in other states?</i></p> <p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p> <p><i>If you have provided SES services in other states, has your program ever been removed from the list of approved providers?</i></p> <p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>
20. In-state parent/district support for services	<p><i>Do you plan on providing an in-state representative to work directly with parents and districts?</i></p> <p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p>

I. BASIC PROGRAM INFORMATION

Please check one:

- ☐ Established, research based program: *Applying for Approval*
☐ Newly developed program: *Applying for Year 1 Conditional Approval (For any of the following items that cannot be completed, mark with NA.)*

1. Program Name	Brave the Elements-The Children's Carousel Charitable Foundation, Inc.
2. Federal EIN or Social Security Number	46-2571674
3. Subject Areas and Grade Levels Able to Serve	<p><i>Please check subject areas and list grade levels you address in working with students.</i></p> <p><input checked="" type="checkbox"/> Reading - Grades Pre-k to 12</p> <p><input checked="" type="checkbox"/> Language Arts - Grades Pre-k to 12</p> <p><input checked="" type="checkbox"/> Mathematics Grade Pre-k to 12</p> <p><input checked="" type="checkbox"/> Other (Specify) <u>Writing</u> Grades Pre-k to 12</p>
4. Grade Levels and Subject Areas Currently Served	<p><i>Please list subject areas and the grade levels of your students currently served.</i></p> <p>Pre-K to 12 Reading Math Writing/Lang. Arts</p>
5. Date SSP Formed	<p><i>Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.</i></p> <p>11/01/2008</p>
6. Number of Students Currently Served	<p><i>Please provide the number of students you currently serve, by subject and grade level.</i></p> <p>150</p>
7. Minimum/Maximum Number of Students Able to Serve	<p><i>Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.</i></p> <p>Minimum is one</p> <p><i>Please indicate the maximum number of students you will be</i></p>

	<p><i>willing to serve per school site.</i></p> <p><i>Maximum is 100</i></p>
8. Service Area	<p><i>Please list the district(s) and school(s) in which you are able to provide services.</i></p> <p>District(s): All _____</p> <p>School(s): All _____</p>
9. Geographic Setting	<p><i>Check the setting(s) in which you are prepared to provide services.</i></p> <p><input checked="" type="checkbox"/> Urban</p> <p><input checked="" type="checkbox"/> Rural</p> <p><input checked="" type="checkbox"/> Suburban</p>
10. Place of Service	<p><i>Please check the location(s) that best describes where you deliver services to students.</i></p> <p><input checked="" type="checkbox"/> School</p> <p><input type="checkbox"/> Business</p> <p><input checked="" type="checkbox"/> Place of religious worship (e.g., church synagogue, mosque, temple)</p> <p><input type="checkbox"/> Community Center</p> <p><input type="checkbox"/> Provider's home</p> <p><input checked="" type="checkbox"/> Student's home</p> <p><input checked="" type="checkbox"/> On-line</p> <p>• Accessed from: <u>www.tutoringpass.com/</u></p> <p><input checked="" type="checkbox"/> Other: <u>McDonald's, Starbucks</u></p> <p>Is this location accessible to handicapped individuals?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)</i></p> <p><i>Transportation will be offered if it is needed.</i></p>

11. Specific Student Populations Served	<p><i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box.</i></p> <p><input checked="" type="checkbox"/> Low-Income students</p> <p><input checked="" type="checkbox"/> Minority students</p> <p><input checked="" type="checkbox"/> Migrant students</p> <p><input checked="" type="checkbox"/> Limited English proficient students</p> <p>Indicate particular language(s) with which you have expertise <u>Spanish Interpreters</u></p> <p><input checked="" type="checkbox"/> Special education students</p> <p><input checked="" type="checkbox"/> Other: (describe) <u>Juvenile Justice</u></p> <p><input type="checkbox"/> Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
12. Type of Organization	<p><i>Please check the category or categories that best describe your organization.</i></p> <p><input type="checkbox"/> For Profit</p> <p><input checked="" type="checkbox"/> Not for Profit</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> District</p> <p><input type="checkbox"/> Educational Service Unit</p> <p><input type="checkbox"/> Institution of Higher Education</p> <p><input type="checkbox"/> Faith-Based Organization</p> <p><input type="checkbox"/> Community Agency</p> <p><input type="checkbox"/> Individual</p> <p><input checked="" type="checkbox"/> On-line</p> <p><input type="checkbox"/> Other (describe) _____</p>
13. Time of Service	<p><i>Check the time(s) that best describe when you deliver services to students.</i></p> <p><input checked="" type="checkbox"/> Before School</p> <p><input checked="" type="checkbox"/> After School</p> <p><input checked="" type="checkbox"/> Weekends</p> <p><input checked="" type="checkbox"/> Summer</p> <p><input checked="" type="checkbox"/> Other: Holidays</p>
14. Length of Service	<p><i>Nebraska is requiring providers to deliver a minimum of 18 hours of tutoring service per student for the 2015-2016 school year.</i></p> <p>(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours) <u>20 to 30 Hours</u></p> <p>(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks) <u>whole School Year and Summer</u></p> <p>(c) Describe how your program will operate (e.g. 60 minutes three times per week)</p>

	<p>(a) Tutoring will be provided for 20 to 30 Hours.</p> <p>(b) Tutoring will take place for the whole school year and during Summer.</p> <p>(c) Our program will operate for 120 minutes (one to two hours) two to three times a week.</p>
15. Cost	<p><i>Provide an average per pupil cost, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a <u>specific</u> description of your pricing structure. Maximum cost per hour of service allowed in Nebraska for the 2015-2016 school year is \$55.00.</i></p> <p><i>Due to our ability to provide flexibility, our program would need \$55.00 per hour per student to operate to allow for classroom rentals, tablet costs, insurance, transportation, tutors, and curriculum. A pricing report has been attached.</i></p>
16. Diagnostic Assessment	<p><i>Name the instrument that will be used to diagnose skill levels of each individual student.</i></p> <p><i>Achieve for pre/post testing-Math, Reading, Language Arts</i></p> <p><i>Study Island Nebraska-Math & Reading</i></p> <p><i>Brainchild-Math</i></p> <p><i>Triumph Coach –Math & Reading</i></p>

17. Mode of Instruction	<p><i>Please indicate which keyword(s) best match your program's offerings:</i></p> <p> <input checked="" type="checkbox"/> Individual tutoring <input checked="" type="checkbox"/> Small group tutoring <input checked="" type="checkbox"/> On-line <input checked="" type="checkbox"/> Computer Assisted </p> <p><i>Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.</i></p> <p>Brave the Elements-The Children's Carousel Charitable Foundation, incorporated is a K-12 on-line, small group, individualized tutoring or one-on-one tutoring service. Our mission is to enhance and motivate individually each student's educational learning process. The content focus includes reading, math, language arts, and writing. Students will receive a tablet for on-line tutoring.</p>
18(b). Technology	<p><i>If On-line and/or Computer Assisted were checked in the previous box, please complete the following.</i></p> <p><i>a. Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program.</i> Mark as Documentation I.18(b)</p> <p><i>b. Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.</i></p> <p><i>c. How will you provide orientation and consultation with the school staff, students, and parents?</i></p> <p><i>d. How will you provide continuous on-site support to participating students?</i></p> <p>(a) I have an agreement to use paid for software.</p> <p>(b)The minimum onsite requirements would be a tablet, computer, or laptop and internet.</p>

	<p><i>(c)I have a technician that is available by phone to answer any questions, or explain how to logon. The tutors are also provided an orientation on the logistics of logging in online. Students and parents have a Manuel on logging into the online system.</i></p> <p><i>(d)Participating students will have 24/7 online support by phone. The website also explains how to obtain support. Onsite tutors will provide onsite support.</i></p>
18. Student/Instructor Ratio	<p><i>List the ratio of instructors to children in your program.</i></p> <p><u>5</u> students for every 1 instructor</p>
19. SES Services in other States	<p><i>Have you provided SES services in other states?</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If you have provided SES services in other states, has your program ever been removed from the list of approved providers?</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
20. In-state parent/district support for services	<p><i>Do you plan on providing an in-state representative to work directly with parents and districts?</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

I. BASIC PROGRAM INFORMATION

Please check one:

☒ Established, research based program: ***Applying for Approval***

☐ Newly developed program: ***Applying for Year 1 Conditional Approval (For any of the following items that cannot be completed, mark with NA.)***

1. Program Name	Education Futures Corp.																														
2. Federal EIN or Social Security Number	26-1533367																														
3. Subject Areas and Grade Levels Able to Serve	<p><i>Please check subject areas and list grade levels you address in working with students.</i></p> <p><input checked="" type="checkbox"/> Reading Grades_K - 8 _____</p> <p><input checked="" type="checkbox"/> Language Arts Grades_K - 8 _____</p> <p><input checked="" type="checkbox"/> Mathematics Grades_K - 8 _____</p> <p><input type="checkbox"/> Other (Specify) _____ Grades _____</p>																														
4. Grade Levels and Subject Areas Currently Served	<p><i>Please list subject areas and the grade levels of your students currently served.</i></p> <p>We currently service grades K – 8 in Reading/Language Arts and in Math.</p>																														
5. Date SSP Formed	<p><i>Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.</i></p> <p>September 2008 through August 2009 was our first year in business delivering supplemental educational services.</p>																														
6. Number of Students Currently Served	<p><i>Please provide the number of students you currently serve, by subject and grade level.</i></p> <table> <thead> <tr> <th></th> <th>Reading</th> <th>Math</th> </tr> </thead> <tbody> <tr> <td>Kindergarten</td> <td>120</td> <td>275</td> </tr> <tr> <td>1st grade</td> <td>55</td> <td>220</td> </tr> <tr> <td>2nd grade</td> <td>65</td> <td>205</td> </tr> <tr> <td>3rd grade</td> <td>165</td> <td>180</td> </tr> <tr> <td>4th grade</td> <td>230</td> <td>175</td> </tr> <tr> <td>5th grade</td> <td>200</td> <td>150</td> </tr> <tr> <td>6th grade</td> <td>165</td> <td>155</td> </tr> <tr> <td>7th grade</td> <td>180</td> <td>160</td> </tr> <tr> <td>8th grade</td> <td>140</td> <td>160</td> </tr> </tbody> </table>		Reading	Math	Kindergarten	120	275	1st grade	55	220	2nd grade	65	205	3rd grade	165	180	4th grade	230	175	5th grade	200	150	6th grade	165	155	7th grade	180	160	8th grade	140	160
	Reading	Math																													
Kindergarten	120	275																													
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2nd grade	65	205																													
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4th grade	230	175																													
5th grade	200	150																													
6th grade	165	155																													
7th grade	180	160																													
8th grade	140	160																													

7. Minimum/Maximum Number of Students Able to Serve	<p><i>Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.</i></p> <p>Minimum of 3 students per school.</p> <p><i>Please indicate the maximum number of students you will be willing to serve per school site.</i></p> <p>Maximum of 500 students per school.</p>
8. Service Area	<p><i>Please list the district(s) and school(s) in which you are able to provide services.</i></p> <p>District(s): All Districts and Counties within the State of Nebraska _____</p> <p>School(s): All Schools within the State of Nebraska _____</p>
9. Geographic Setting	<p><i>Check the setting(s) in which you are prepared to provide services.</i></p> <p><input checked="" type="checkbox"/> Urban</p> <p><input checked="" type="checkbox"/> Rural</p> <p><input checked="" type="checkbox"/> Suburban</p>
10. Place of Service	<p><i>Please check the location(s) that best describes where you deliver services to students.</i></p> <p><input checked="" type="checkbox"/> School</p> <p><input type="checkbox"/> Business</p> <p><input checked="" type="checkbox"/> Place of religious worship (e.g., church synagogue, mosque, temple)</p> <p><input checked="" type="checkbox"/> Community Center</p> <p><input type="checkbox"/> Provider's home</p> <p><input checked="" type="checkbox"/> Student's home</p> <p><input type="checkbox"/> On-line</p> <p>• Accessed from: _____</p> <p><input type="checkbox"/> Other: _____</p> <p>Is this location accessible to handicapped individuals?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Some locations are handicap accessible.</p> <p><i>How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)</i></p> <p>Transportation will be provided as needed.</p>

11. Specific Student Populations Served	<p><i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box.</i></p> <p>X Low-Income students</p> <p>X Minority students</p> <p>X Migrant students</p> <p>X Limited English proficient students</p> <p>Indicate particular language(s) with which you have expertise: Spanish and other languages as needed _____</p> <p>X Special education students</p> <p><input type="checkbox"/> Other: (describe) _____</p> <p><input type="checkbox"/> Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.</p> <p><input type="checkbox"/> Yes XNo</p>
12. Type of Organization	<p><i>Please check the category or categories that best describe your organization.</i></p> <p>X For Profit</p> <p><input type="checkbox"/> Not for Profit</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> District</p> <p><input type="checkbox"/> Educational Service Unit</p> <p><input type="checkbox"/> Institution of Higher Education</p> <p><input type="checkbox"/> Faith-Based Organization</p> <p><input type="checkbox"/> Community Agency</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> On-line</p> <p><input type="checkbox"/> Other (describe) _____</p>
13. Time of Service	<p><i>Check the time(s) that best describe when you deliver services to students.</i></p> <p>X Before School</p> <p>X After School</p> <p>X Weekends</p> <p>X Summer</p> <p><input type="checkbox"/> Other</p>
14. Length of Service	<p><i>Nebraska is requiring providers to deliver a minimum of 18 hours of tutoring service per student for the 2015-2016 school year.</i></p> <p>(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours)</p> <p>(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks)</p> <p>(c) Describe how your program will operate (e.g. 60</p>

	<p><i>minutes three times per week)</i></p> <p>a. Minimum of 18 hours depending on District funding allocations.</p> <p>b. Three to twelve weeks</p> <p>c. Typically 1 to 2 hours a day for 3 to 4 days a week; however this can vary contingent upon the District/School and parental preferences.</p>
15. Cost	<p><i>Provide an average <u>per pupil cost</u>, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a <u>specific</u> description of your pricing structure. Maximum cost per hour of service allowed in Nebraska for the 2015-2016 school year is \$55.00.</i></p> <p>We charge \$50.00 per 1 hour of service for Districts with a PPA of \$900 or more. For those Districts under \$900 PPA our charge will vary to ensure a minimum of 18 hours are accomplished.</p>
16. Diagnostic Assessment	<p><i>Name the instrument that will be used to diagnose skill levels of each individual student.</i></p> <p>Danford Assessment Test</p>
17. Mode of Instruction	<p><i>Please indicate which keyword(s) best match your program's offerings:</i></p> <p>X Individual tutoring</p> <p>X Small group tutoring</p> <p><input type="checkbox"/> On-line</p> <p><input type="checkbox"/> Computer Assisted</p> <p><i>Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.</i></p>

	<p>Education Futures Corp (EFC) in-person tutoring to READING and MATH students in grade K-8, including students with disabilities and Limited English Proficient students. We tutor students one-on-one, in small groups (2-5 students), or in large groups (6-8 students on-site at students' schools, in students' homes, and at nearby community locations. Our tutors are all state-certified teachers and they use curriculum that is aligned to the Common Core State Standards.</p>
18(b). Technology	<p><i>If On-line and/or Computer Assisted were checked in the previous box, please complete the following.</i></p> <p><i>a. Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. Mark as Documentation I.18(b)</i></p> <p><i>b. Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.</i></p> <p><i>c. How will you provide orientation and consultation with the school staff, students, and parents?</i></p> <p><i>d. How will you provide continuous on-site support to participating students?</i></p> <p>NA</p>
18. Student/Instructor Ratio	<p><i>List the ratio of instructors to children in your program.</i></p> <p><u>Maximum of 8</u> students for every 1 instructor</p>
19. SES Services in other States	<p><i>Have you provided SES services in other states?</i></p> <p>X Yes <input type="checkbox"/> No</p>

	<p><i>If you have provided SES services in other states, has your program ever been removed from the list of approved providers?</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>20. In-state parent/district support for services</p>	<p><i>Do you plan on providing an in-state representative to work directly with parents and districts?</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
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I. BASIC PROGRAM INFORMATION

Please check one:

- ☒ Established, research based program: **Applying for Approval**
☐ Newly developed program: **Applying for Year 1 Conditional Approval** (For any of the following items that cannot be completed, mark with NA.)

1. Program Name	ESU No 6 Supplemental Educational Services																		
2. Federal EIN or Social Security Number	EIN# 47-0495481																		
3. Subject Areas and Grade Levels Able to Serve	<p><i>Please check subject areas and list grade levels you address in working with students.</i></p> <p><input checked="" type="checkbox"/> Reading Grades <u>K-12</u></p> <p><input checked="" type="checkbox"/> Language Arts Grades <u>K-12</u></p> <p><input checked="" type="checkbox"/> Mathematics Grades <u>K-12</u></p> <p><input type="checkbox"/> Other (Specify) _____ Grades _____</p>																		
4. Grade Levels and Subject Areas Currently Served	<p><i>Please list subject areas and the grade levels of your students currently served.</i></p> <p>ESU 6 is currently an approved provider in NE and serves students in kindergarten through twelfth grades.</p>																		
5. Date SSP Formed	<p><i>Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.</i> ESU 6 began providing SES in partnership with Huddle Learning LLC in Nebraska schools in the 2009-10 school year. (August 2009)</p>																		
6. Number of Students Currently Served	<p><i>Please provide the number of students you currently serve, by subject and grade level.</i> In ESU 6 SES, 76 students are currently served both in math and reading. The table below shows the number of students in each grade level.</p> <table border="1"> <thead> <tr> <th>Grade Level</th><th># of Students</th></tr> </thead> <tbody> <tr><td>K</td><td>6</td></tr> <tr><td>1</td><td>17</td></tr> <tr><td>2</td><td>9</td></tr> <tr><td>3</td><td>17</td></tr> <tr><td>4</td><td>11</td></tr> <tr><td>5</td><td>10</td></tr> <tr><td>6</td><td>0</td></tr> <tr><td>7</td><td>2</td></tr> </tbody> </table>	Grade Level	# of Students	K	6	1	17	2	9	3	17	4	11	5	10	6	0	7	2
Grade Level	# of Students																		
K	6																		
1	17																		
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	<table border="1"> <tr> <td>8</td><td>4</td></tr> <tr> <td>Total</td><td>76</td></tr> </table>	8	4	Total	76
8	4				
Total	76				
7. Minimum/Maximum Number of Students Able to Serve	<p><i>Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services. 6 (six)</i></p> <p><i>Please indicate the maximum number of students you will be willing to serve per school site.</i></p>				
8. Service Area	<p><i>Please list the district(s) and school(s) in which you are able to provide services.</i></p> <p>District(s): <u>All Nebraska districts</u></p> <p>School(s): <u>All Nebraska schools</u></p>				
9. Geographic Setting	<p><i>Check the setting(s) in which you are prepared to provide services.</i></p> <p><input checked="" type="checkbox"/> Urban</p> <p><input checked="" type="checkbox"/> Rural</p> <p><input checked="" type="checkbox"/> Suburban</p>				
10. Place of Service	<p><i>Please check the location(s) that best describes where you deliver services to students.</i></p> <p><input checked="" type="checkbox"/> School</p> <p><input type="checkbox"/> Business</p> <p><input type="checkbox"/> Place of religious worship (e.g., church synagogue, mosque, temple)</p> <p><input type="checkbox"/> Community Center</p> <p><input type="checkbox"/> Provider's home</p> <p><input type="checkbox"/> Student's home</p> <p><input type="checkbox"/> On-line</p> <p>• Accessed from: _____</p> <p><input type="checkbox"/> Other: _____</p> <p>Is this location accessible to handicapped individuals?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.) Transportation is provided either by contracting with the local school district or through arrangements with the student's parents.</i></p>				

11. Specific Student Populations Served	<p><i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box.</i></p> <p> <input checked="" type="checkbox"/> Low-Income students <input checked="" type="checkbox"/> Minority students <input checked="" type="checkbox"/> Migrant students <input checked="" type="checkbox"/> Limited English proficient students </p> <p>Indicate particular language(s) with which you have expertise</p> <p> <input checked="" type="checkbox"/> Special education students <input type="checkbox"/> Other: (describe) _____ <input type="checkbox"/> Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>
12. Type of Organization	<p><i>Please check the category or categories that best describe your organization.</i></p> <p> <input type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit <input type="checkbox"/> School <input type="checkbox"/> District <input checked="" type="checkbox"/> Educational Service Unit <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Faith-Based Organization <input type="checkbox"/> Community Agency <input type="checkbox"/> Individual On-line <input type="checkbox"/> Other (describe) _____ </p>
13.	<p><i>Check the time(s) that best describe when you deliver services to students.</i></p> <p> <input checked="" type="checkbox"/> Before School <input checked="" type="checkbox"/> After School <input type="checkbox"/> Weekends <input checked="" type="checkbox"/> Summer <input type="checkbox"/> Other </p>
14. Length of Service	<p><i>Nebraska is requiring providers to deliver a minimum of 18 hours of tutoring service per student for the 2015-2016 school year.</i></p>

	<p>(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours) Averages approximately 33 hrs.</p> <p>(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks) 15-16 weeks</p> <p>(c) Describe how your program will operate (e.g. 60 minutes three times per week) Approximately 1.5 hour sessions, 2-3 days per week.</p>
15. Cost	<p>Provide an average per pupil cost, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a <u>specific</u> description of your pricing structure. Maximum cost per hour of service allowed in Nebraska for the 2015-2016 school year is \$55.00. ESU No 6 fees are \$50/hour for individual tutoring sessions and \$40/student/hour for small group sessions (no more than six students per session).</p>
16. Diagnostic Assessment	<p>Name the instrument that will be used to diagnose skill levels of each individual student. ESU No 6 uses the NWEA MAP or the Acuity assessment for pre and post testing. Students are assessed in reading, language arts and math, benchmarked against state of Nebraska standards. In addition, diagnostic tests are used such as the Quick Reading Test and each computerized software program has individualized assessments with artificial intelligence to bridge up or down.</p>

17. Mode of Instruction	<p><i>Please indicate which keyword(s) best match your program's offerings:</i></p> <p> <input checked="" type="checkbox"/> Individual tutoring <input checked="" type="checkbox"/> Small group tutoring <input type="checkbox"/> On-line <input type="checkbox"/> Computer Assisted </p> <p><i>Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process. The ESU No 6 tutoring program is designed to identify a student's learning strengths and weaknesses and to help the student master important reading, language arts and math skills. The program uses a combination of effective tutoring practices and the best of computer assisted learning tools. ESU No 6 students start with an assessment, followed by development of a learning plan targeting student weaknesses. Students are encouraged to attend regularly and tutors motivate students to work hard and accomplish the goals of their learning plans. Tutoring time is split between homework help, targeted reading intervention, and math skills. Tutors maintain biweekly contact with the student's parents and teachers and typically outperform students served by other SES providers.</i></p>
18(b). Technology	<p><i>If On-line and/or Computer Assisted were checked in the previous box, please complete the following.</i></p> <p><i>a. Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. Mark as Documentation I.18(b)</i></p> <p><i>b. Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively. Computers (PC or Mac) with internet access and a browser.</i></p> <p><i>c. How will you provide orientation and consultation with the school staff, students, and parents? Management of ESU No 6 SES will assist/consult in setting up the computers with the schools technical staff. The ESU No 6 SES coordinators conduct onsite orientation with both parents and students. In most cases, staff from the school is used</i></p>

	<p>as tutors and undergo a minimum of 10-12 hours of training in the ESU No 6 SES model and the tools used in tutoring sessions. Ongoing monitoring of tutors and Student participation and performance is maintained through observation, phone calls, email and online monitoring.</p> <p><i>d. How will you provide continuous on-site support to participating students?</i> Students attend sessions with tutors present and additional learning may be offered to students from remote sites. Continuous support in relation to the student learning plan is provided by the ESU 6 tutor.</p>
18. Student/Instructor Ratio	<p><i>List the ratio of instructors to children in your program.</i></p> <p><u>6</u> students for every 1 instructor</p>
19. SES Services in other States	<p><i>Have you provided SES services in other states?</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If you have provided SES services in other states, has your program ever been removed from the list of approved providers?</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
20. In-state parent/district support for services	<p><i>Do you plan on providing an in-state representative to work directly with parents and districts?</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

I. BASIC PROGRAM INFORMATION

Please check one:

Established, research based program: **Applying for Approval**

X Newly developed program: **Applying for Year 1 Conditional Approval** (For any of the following items that cannot be completed, mark with NA.)

1. Program Name	Educational Service Unit No. 11 (ESU 11)
2. Federal EIN or Social Security Number	47-0522576
3. Subject Areas and Grade Levels Able to Serve	<p><i>Please check subject areas and list grade levels you address in working with students.</i></p> <p>X Reading Grades <u> </u> K-8 <u> </u></p> <p>X Language Arts Grades <u> </u> K-8 <u> </u></p> <p>X Mathematics Grades <u> </u> K-8 <u> </u></p> <p><input type="checkbox"/> Other (Specify) <u> </u> Grades <u> </u></p>
4. Grade Levels and Subject Areas Currently Served	<p><i>Please list subject areas and the grade levels of your students currently served.</i></p> <p>Reading, Language Arts, Mathematics Grades K-8</p>
5. Date SSP Formed	<p><i>Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.</i></p> <p>New Program anticipated start August 15, 2015.</p>
6. Number of Students Currently Served	<p><i>Please provide the number of students you currently serve, by subject and grade level.</i></p> <p>Does Not Apply</p> <p>New Program in 2015-2016</p>
7. Minimum/Maximum Number of Students Able to Serve	<p><i>Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.</i></p> <p style="text-align: center;">1</p> <p><i>Please indicate the maximum number of students you will be willing to serve per school site.</i></p> <p style="text-align: center;">150</p>

8. Service Area	<p><i>Please list the district(s) and school(s) in which you are able to provide services.</i></p> <p>District(s): Alma, Arapahoe, Axtell, Bertrand, Cambridge, Elwood, Eustis-Farnam, Franklin, Holdrege, Loomis, Minden, Southern Valley and Wilcox-Hildreth</p>
9. Geographic Setting	<p><i>Check the setting(s) in which you are prepared to provide services.</i></p> <p><input type="checkbox"/> Urban</p> <p><input checked="" type="checkbox"/> Rural</p> <p><input type="checkbox"/> Suburban</p>
10. Place of Service	<p><i>Please check the location(s) that best describes where you deliver services to students.</i></p> <p><input checked="" type="checkbox"/> School</p> <p><input type="checkbox"/> Business</p> <p><input type="checkbox"/> Place of religious worship (e.g., church synagogue, mosque, temple)</p> <p><input type="checkbox"/> Community Center</p> <p><input type="checkbox"/> Provider's home</p> <p><input type="checkbox"/> Student's home</p> <p>On-line</p> <ul style="list-style-type: none"> • Accessed from: _____ • <input type="checkbox"/> Other: _____ <p>Is this location accessible to handicapped individuals?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)</i></p> <p><i>For after school tutoring, the parents will be responsible to provide transportation for their child.</i></p>

11. Specific Student Populations Served	<p><i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box.</i></p> <p><input type="checkbox"/> Low-Income students</p> <p><input type="checkbox"/> Minority students</p> <p><input type="checkbox"/> Migrant students</p> <p><input type="checkbox"/> Limited English proficient students</p> <p>Indicate particular language(s) with which you have expertise _____</p> <p><input type="checkbox"/> Special education students</p> <p><input type="checkbox"/> Other: (describe) _____</p> <p><input type="checkbox"/> Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does Not Apply as this program is new in 2015-2016.</p>
12. Type of Organization	<p><i>Please check the category or categories that best describe your organization.</i></p> <p><input type="checkbox"/> For Profit</p> <p><input checked="" type="checkbox"/> Not for Profit</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> District</p> <p><input checked="" type="checkbox"/> Educational Service Unit</p> <p><input type="checkbox"/> Institution of Higher Education</p> <p><input type="checkbox"/> Faith-Based Organization</p> <p><input type="checkbox"/> Community Agency</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> On-line</p> <p><input type="checkbox"/> Other (describe) _____</p>
13. Time of Service	<p><i>Check the time(s) that best describe when you deliver services to students.</i></p> <p><input type="checkbox"/> Before School</p> <p><input checked="" type="checkbox"/> After School</p> <p><input type="checkbox"/> Weekends</p> <p><input type="checkbox"/> Summer</p> <p>Other—</p>
14. Length of Service	<p><i>Nebraska is requiring providers to deliver a minimum of 18 hours of tutoring service per student for the 2015-2016 school year.</i></p> <p>(a) <i>Describe the total number of hours tutoring will be provided (e.g. 40 hours)</i></p> <p>(b) <i>Describe the length of time you estimate your program will operate (e.g. 15 weeks)</i></p> <p>(c) <i>Describe how your program will operate (e.g. 60</i></p>

	<p><i>minutes three times per week)</i></p> <p>Options for student programs are as followed (exact model can be determined by each District):</p> <ol style="list-style-type: none"> 1. Thirty-six (36) weeks of two (2) hours per week—consisting of no more than one (1) hour per day each student is served. 2. Thirty-six (36) weeks of three (3) hours per week—consisting of no more than one (1) hour per day each student is served.
15. Cost	<p><i>Provide an average <u>per pupil cost</u>, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a <u>specific</u> description of your pricing structure. Maximum cost per hour of service allowed in Nebraska for the 2015-2016 school year is \$55.00.</i></p> <p>y \$15 to \$50 per hour (varies based on the specifics of \$15 to \$50 per hour (varies based on the specifics of the District being served.</p>
16. Diagnostic Assessment	<p><i>Name the instrument that will be used to diagnose skill levels of each individual student.</i></p> <p>DIBELS Benchmarking</p> <p>AIMSweb Benchmarking</p> <p>NeSA Reading and Mathematics scores from previous year to current year.</p> <p>CBM</p> <p>NWEA MAP or other Norm Referenced test for Reading and Mathematics scores from previous year to current year.</p>
17. Mode of Instruction	<p><i>Please indicate which keyword(s) best match your program's offerings:</i></p> <p>X Individual tutoring</p> <p>X Small group tutoring</p> <p>X On-line</p> <p>X Computer Assisted</p> <p><i>Provide a very brief (5 sentences maximum) description of</i></p>

	<p><i>your program's offerings that parents could use in their initial search process.</i></p> <p>This Supplemental Services Program provides individual and small group instruction in reading and mathematics. The program is intended for students experiencing difficulty in meeting the district's requirements in reading and mathematics. The program is an extension of the student's day and the focus of instruction is based on the student's specific needs based on assessment and collaboration between the student's teacher and the supplemental services instructor.</p>
<p>18(b). Technology</p>	<p><i>If On-line and/or Computer Assisted were checked in the previous box, please complete the following.</i></p> <p><i>a. Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. Mark as Documentation I.18(b)</i></p> <p>Educational Service Unit No. 11 works with all of our member districts to purchase computer assisted or online programming that can be used by students to increase their knowledge in reading and math. A copy of ESU 11's Purchase Order for our districts programs is attached at Documentation I.18(b) for use in 2015-2016.</p> <p><i>rDescribe the minimum on-site technical requirements</i></p> <p><i>b. Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.</i></p> <p>Each participating district has agreed to allow our SES program access to district computers and the district purchased software programs to improve reading, language arts and mathematic achievement by SES students and teachers.</p> <p><i>c. How will you provide orientation and consultation with the school staff, students, and parents?</i></p> <p>ESU 11 Administrator will assist and consult in setting up staff and conduct a student/parent open house at each district site. In most cases, staff from the SES students school will be the SES teacher and</p>

	<p>they will model the methods and materials to be used during each tutoring session.</p> <p><i>d. How will you provide continuous on-site support to participating students?</i></p> <p>Educational Service Unit No. 11's Technology and Technology Integration departments have and will continue to work hand in hand with our member districts to provide technology programming and access to the same.</p>
<p>18. Student/Instructor Ratio</p>	<p><i>List the ratio of instructors to children in your program.</i></p> <p><u>20</u> students for every 1 instructor</p>
<p>19. SES Services in other States</p>	<p><i>Have you provided SES services in other states?</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>If you have provided SES services in other states, has your program ever been removed from the list of approved providers?</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>20. In-state parent/district support for services</p>	<p><i>Do you plan on providing an in-state representative to work directly with parents and districts?</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

I. BASIC PROGRAM INFORMATION

Please check one:

- ☒ Established, research based program: **Applying for Approval**
☐ Newly developed program: **Applying for Year 1 Conditional Approval** (For any of the following items that cannot be completed, mark with NA.)

1. Program Name	ESU No. 19 Strategic Tutoring Program
2. Federal EIN or Social Security Number	47-6002629
3. Subject Areas and Grade Levels Able to Serve	<p>Please check subject areas and list grade levels you address in working with students.</p> <p><input checked="" type="checkbox"/> Reading Grades K-8</p> <p><input checked="" type="checkbox"/> Language Arts Grades K-8</p> <p><input checked="" type="checkbox"/> Mathematics Grades K-8</p> <p><input type="checkbox"/> Other (Specify) _____ Grades _____</p>
4. Grade Levels and Subject Areas Currently Served	<p>Please list subject areas and the grade levels of your students currently served.</p> <p>ESU No. 19, Strategic Tutoring Program, has provided approximately 1,700 elementary and middle school students with SES services in the 2014- 2015 school year, grade K-8. Services were provided to students in 32 schools.</p>
5. Date SSP Formed	<p>Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.</p> <p>ESU No. 19 SES Services began during the 2010-2011 school year:</p> <ul style="list-style-type: none"> • Morning Sessions before school began January 5, 2011 (Monday-Friday) • Saturday Sessions began January 15, 2011 • After School Sessions began in November 2012
6. Number of Students Currently Served	<p>Please provide the number of students you currently serve, by subject and grade level.</p> <p>For the 2014-2015 school year:</p> <ul style="list-style-type: none"> • Morning and after school sessions included approximately 1,700 students
7. Minimum/Maximum Number of Students Able to Serve	<p>Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.</p> <p>One (1)</p> <p>Please indicate the maximum number of students you will be willing to serve per school site.</p> <p>The ESU No. 19 Strategic Tutoring Program will not exceed a tutoring ratio greater than 1:8. We will provide services to all eligible students in the SES program.</p>
8. Service Area	<p>Please list the district(s) and school(s) in which you are able to provide services.</p> <p>District(s): Omaha Public Schools</p> <p>School(s): K-8</p>
9. Geographic Setting	Check the setting(s) in which you are prepared to provide

	<p>services.</p> <p><input checked="" type="checkbox"/> Urban</p> <p><input type="checkbox"/> Rural</p> <p><input type="checkbox"/> Suburban</p>
10. Place of Service	<p><i>Please check the location(s) that best describes where you deliver services to students.</i></p> <p><input checked="" type="checkbox"/> School</p> <p><input type="checkbox"/> Business</p> <p><input type="checkbox"/> Place of religious worship (e.g., church synagogue, mosque, temple)</p> <p><input type="checkbox"/> Community Center</p> <p><input type="checkbox"/> Provider's home</p> <p><input type="checkbox"/> Student's home</p> <p><input type="checkbox"/> On-line</p> <p>• Accessed from: _____</p> <p><input type="checkbox"/> Other: _____</p> <p>Is this location accessible to handicapped individuals?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)</i></p> <p>The student's parents/guardians will be responsible for arranging transportation for the student to and from the program.</p>
11. Specific Student Populations Served	<p><i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box.</i></p> <p><input checked="" type="checkbox"/> Low-Income students</p> <p><input checked="" type="checkbox"/> Minority students</p> <p><input checked="" type="checkbox"/> Migrant students</p> <p><input checked="" type="checkbox"/> Limited English proficient students</p> <p>Indicate particular language(s) with which you have expertise: Spanish, Nuer, Somali, Sino-Tibetan, Nepali, Karen, French, Vietnamese, Arabic, Russian language</p> <p><input checked="" type="checkbox"/> Special education students</p> <p><input checked="" type="checkbox"/> Other: (describe) <u>Homeless</u></p> <p><input type="checkbox"/> Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
12. Type of Organization	<p><i>Please check the category or categories that best describe your organization.</i></p> <p><input type="checkbox"/> For Profit</p> <p><input checked="" type="checkbox"/> Not for Profit</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> District</p> <p><input checked="" type="checkbox"/> Educational Service Unit</p> <p><input type="checkbox"/> Institution of Higher Education</p> <p><input type="checkbox"/> Faith-Based Organization</p> <p><input type="checkbox"/> Community Agency</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> On-line _____</p> <p><input type="checkbox"/> Other (describe) _____</p>
13. Time of Service	<p><i>Check the time(s) that best describe when you deliver services to students.</i></p>

	<input checked="" type="checkbox"/> Before School <input checked="" type="checkbox"/> After School <input checked="" type="checkbox"/> Weekends (No weekend service beginning in 2012-13) <input checked="" type="checkbox"/> Summer <input checked="" type="checkbox"/> Other <u>Spring Break School</u>
14. Length of Service	<p>(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours)</p> <p>(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks)</p> <p>(c) Describe how your program will operate (e.g. 60 minutes three times per week)</p> <p>The Strategic Tutoring Program is designed to provide up to 8 hours of instruction per week. Strategic Tutoring sessions will be provided for up to 20 weeks throughout the school year, which includes 40 to 60 hours of tutoring. The frequency and intensity of tutoring sessions, during the school year, will be determined based on each student's developmental needs.</p>
15. Cost	<p>Provide an average <u>per pupil cost</u>, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a <u>specific</u> description of your pricing structure. Maximum cost per hour of service allowed in Nebraska for the 2015-2016 school year is \$55.00.</p> <p>The hourly charge per student will not exceed \$55.00.</p>
16. Diagnostic Assessment	<p>Name the instrument that will be used to diagnose skill levels of each individual student.</p> <p>Multiple sources will be used as diagnostic tools to assess student progress and proficiency including:</p> <ul style="list-style-type: none"> • Standardized Tests • Acuity Prescreen & Midyear Tests • K-2 Reading Assessment • K-2 Mathematics Assessment • NeSA-R/LA • NeSA-M • NeSA-Writing • Fountas and Pinnell • 4th Quarter Report Cards • Classroom Assessments • NWEA/MAP Test • IEP Data • Intervention Indicator Report <p>Prior to the start of the Strategic Tutoring Program, the individual schools will be asked to identify eligible students who are being recommended for SES. This recommendation will be based upon the above data and other resources used for identifying students in need of academic support. Parents may also request participation in SES. The ESU No. 19 STP Tutors are certified teachers who work with the students regularly and/or coordinate with the classroom teachers to ensure appropriate teaching strategies and assessment strategies are implemented.</p>

	<p>As ESU No. 19 Strategic Tutoring Program is expanded and the program design enhanced for the 2015-2016 school year, ESU No. 19 will again hire an evaluator to analyze both qualitative and quantitative data to determine the effectiveness of the program. ESU No. 19 will use the official process of the Omaha Public Schools for accessing needed and appropriate student identifiable data, which requires parent consent for the release of information.</p>
17. Mode of Instruction	<p><i>Please indicate which keyword(s) best match your program's offerings:</i></p> <p> <input checked="" type="checkbox"/> Individual tutoring <input checked="" type="checkbox"/> Small group tutoring <input type="checkbox"/> On-line <input type="checkbox"/> Computer Assisted </p> <p><i>Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.</i></p> <p>The ESU No. 19 Strategic Tutoring Program will provide small-group tutoring sessions focused on essential skills in reading, writing, and mathematics before school, after school, and during the summer. Certified teachers will develop individualized success plans for each student and design specific learning goals based on diagnostic assessments. The Strategic Tutoring sessions are designed to include direct strategy instruction to students with opportunities for students to practice and apply the skills and strategies within a supportive learning environment. Students will be taught strategies they can use and apply in everyday learning situations. Formative assessment will be used throughout the tutoring sessions in order to continually diagnose student needs, adapt instruction, and to provide feedback to students.</p>
18(b). Technology	<p><i>If On-line and/or Computer Assisted were checked in the previous box, please complete the following.</i></p> <p> <i>a. Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. Mark as Documentation I.18(b)</i> <i>b. Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.</i> <i>c. How will you provide orientation and consultation with the school staff, students, and parents?</i> <i>d. How will you provide continuous on-site support to participating students?</i> </p> <p>N/A</p>
18. Student/Instructor Ratio	<p><i>List the ratio of instructors to children in your program.</i></p> <p>Up to 8 students to every 1 tutor</p>
19. SES Services in other States	<p><i>Have you provided SES services in other states?</i></p> <p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If you have provided SES services in other states, has your program ever been removed from the list of approved providers?</i></p>

	<input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No
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I. BASIC PROGRAM INFORMATION

Please check one:

- ☒ Established, research based program: ***Applying for Approval***
☐ Newly developed program: ***Applying for Year 1 Conditional Approval*** (For any of the following items that cannot be completed, mark with NA.)

1. Program Name	EduPlus LLC																																				
2. Federal EIN or Social Security Number	99-0384620																																				
3. Subject Areas and Grade Levels Able to Serve	<p><i>Please check subject areas and list grade levels you address in working with students.</i></p> <p><input checked="" type="checkbox"/> Reading Grades__K-12_____</p> <p><input checked="" type="checkbox"/> Language Arts Grades__K-12_____</p> <p><input checked="" type="checkbox"/> Mathematics Grades__K-12_____</p> <p><input type="checkbox"/> Other (Specify) _____ Grades_____</p>																																				
4. Grade Levels and Subject Areas Currently Served	<p><i>Please list subject areas and the grade levels of your students currently served.</i></p> <p>We serve students for Reading, Language Arts and Mathematic for students K-12</p>																																				
5. Date SSP Formed	<p><i>Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.</i></p> <p>We first delivered SES to students in Illinois in school year 2013-2014.</p>																																				
6. Number of Students Currently Served	<p><i>Please provide the number of students you currently serve, by subject and grade level.</i></p> <p>Since it is summertime and school has finished we are at present tutoring only 241 students. The breakup is as follows:</p> <table border="1"> <thead> <tr> <th colspan="2">English Language Arts</th> <th colspan="2">Math</th> </tr> <tr> <th>Grade</th> <th>No. of Students</th> <th>Grade</th> <th>No. of Students</th> </tr> </thead> <tbody> <tr> <td>3</td> <td>5</td> <td>1</td> <td>2</td> </tr> <tr> <td>4</td> <td>10</td> <td>2</td> <td>2</td> </tr> <tr> <td>5</td> <td>7</td> <td>3</td> <td>4</td> </tr> <tr> <td>6</td> <td>12</td> <td>4</td> <td>7</td> </tr> <tr> <td>7</td> <td>25</td> <td>5</td> <td>10</td> </tr> <tr> <td>8</td> <td>10</td> <td>6</td> <td>5</td> </tr> <tr> <td>9</td> <td>15</td> <td>7</td> <td>22</td> </tr> </tbody> </table>	English Language Arts		Math		Grade	No. of Students	Grade	No. of Students	3	5	1	2	4	10	2	2	5	7	3	4	6	12	4	7	7	25	5	10	8	10	6	5	9	15	7	22
English Language Arts		Math																																			
Grade	No. of Students	Grade	No. of Students																																		
3	5	1	2																																		
4	10	2	2																																		
5	7	3	4																																		
6	12	4	7																																		
7	25	5	10																																		
8	10	6	5																																		
9	15	7	22																																		

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10	20													
11	4													
8	35													
9	10													
11	21													
12	15													
7. Minimum/Maximum Number of Students Able to Serve	<p><i>Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.</i></p> <p>Since we provide online tutoring, the minimum number of student we require is 1.</p> <p><i>Please indicate the maximum number of students you will be willing to serve per school site.</i></p> <p>We can serve a maximum of 1000 students.</p>													
8. Service Area	<p><i>Please list the district(s) and school(s) in which you are able to provide services.</i></p> <p>District(s): <u>Nationwide so All</u></p> <p>School(s): <u>All</u></p>													
9. Geographic Setting	<p><i>Check the setting(s) in which you are prepared to provide services.</i></p> <p><input checked="" type="checkbox"/> Urban</p> <p><input checked="" type="checkbox"/> Rural</p> <p><input checked="" type="checkbox"/> Suburban</p>													
10. Place of Service	<p><i>Please check the location(s) that best describes where you deliver services to students.</i></p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Business</p> <p><input type="checkbox"/> Place of religious worship (e.g., church synagogue, mosque, temple)</p> <p><input type="checkbox"/> Community Center</p> <p><input type="checkbox"/> Provider's home</p> <p><input checked="" type="checkbox"/> Student's home</p> <p><input checked="" type="checkbox"/> On-line</p> <p>• Accessed from: <u>Student's home</u></p> <p><input type="checkbox"/> Other: _____</p> <p>Is this location accessible to handicapped individuals?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)</i></p> <p>Not required, as services are online.</p>													

11. Specific Student Populations Served	<p><i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box.</i></p> <p> <input checked="" type="checkbox"/> Low-Income students <input checked="" type="checkbox"/> Minority students <input checked="" type="checkbox"/> Migrant students <input checked="" type="checkbox"/> Limited English proficient students </p> <p>Indicate particular language(s) with which you have expertise Spanish</p> <p> <input checked="" type="checkbox"/> Special education students <input type="checkbox"/> Other: (describe) _____ <input type="checkbox"/> Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>
12. Type of Organization	<p><i>Please check the category or categories that best describe your organization.</i></p> <p> <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit <input type="checkbox"/> School <input type="checkbox"/> District <input type="checkbox"/> Educational Service Unit <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Faith-Based Organization <input type="checkbox"/> Community Agency <input type="checkbox"/> Individual <input checked="" type="checkbox"/> On-line <input type="checkbox"/> Other (describe) _____ </p>
13. Time of Service	<p><i>Check the time(s) that best describe when you deliver services to students.</i></p> <p> <input checked="" type="checkbox"/> Before School <input checked="" type="checkbox"/> After School <input checked="" type="checkbox"/> Weekends <input checked="" type="checkbox"/> Summer <input type="checkbox"/> Other </p>
14. Length of Service	<p><i>Nebraska is requiring providers to deliver a minimum of 18 hours of tutoring service per student for the 2015-2016 school year.</i></p> <p><i>(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours)</i></p> <p>We provide 30 hours of tutoring.</p> <p><i>(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks)</i></p>

	<p>Our tutoring program is based on high quality research and as per that we provide 30 hours of tutoring. Hence, if a student regularly attends the sessions tutoring finishes in 6-7 weeks.</p> <p><i>(c) Describe how your program will operate (e.g. 60 minutes three times per week)</i></p> <p>Tutoring occurs thrice a week and each session is for 90 minutes.</p>
15. Cost	<p><i>Provide an average per pupil cost, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a <u>specific</u> description of your pricing structure. Maximum cost per hour of service allowed in Nebraska for the 2015-2016 school year is \$55.00.</i></p> <p>Our hourly rate is \$50. Each session lasts for 90 minutes and hence the cost is \$75. The complete tutoring program that is for 30 hours costs \$1500.</p>
16. Diagnostic Assessment	<p><i>Name the instrument that will be used to diagnose skill levels of each individual student.</i></p> <p>For pre and post assessment we use DORA and DOMA developed by Let's Go Learn Inc. that have been developed in accordance with the standards for validity and reliability as set forth in The Standards for Educational and Psychological Testing (1999).</p>
17. Mode of Instruction	<p><i>Please indicate which keyword(s) best match your program's offerings:</i></p> <p><input checked="" type="checkbox"/> Individual tutoring <input type="checkbox"/> Small group tutoring <input checked="" type="checkbox"/> On-line <input type="checkbox"/> Computer Assisted</p> <p><i>Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.</i></p> <p>EduPlus LLC has developed an academic improvement program that teaches students through animations and interactive lessons on the computer combined with frequent remedial interactions with licensed teachers thus instigating low achieving students to be at par with their peers. It addresses the needs of struggling students in English Reading and Math for grades K-12. Lessons are conducted</p>

	<p>online on our laptops, which have been pre-loaded with our self-developed software and students can connect with our live tutors with a click. Students are not required to incur any cost associated with the equipment needed for the classes. We provide a laptop and Internet, free of cost, for students who do not have it.</p>
18(b). Technology	<p><i>If On-line and/or Computer Assisted were checked in the previous box, please complete the following.</i></p> <p><i>a. Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. Mark as Documentation I.18(b)</i></p> <p><i>b. Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.</i></p> <p><i>c. How will you provide orientation and consultation with the school staff, students, and parents?</i></p> <p><i>d. How will you provide continuous on-site support to participating students?</i></p> <p>b. To take our online tutoring classes a laptop/computer is required along with an Internet connection. We provide both, free of cost to the student if they do not have either or both.</p> <p>c. Once we get student data from the school we make an orientation call to the parents./students. In this call we brief them about our tutoring program and it's procedures such as how the individualized tutoring plan will be developed and how they can contribute to it, schedule the pre-assessment, ask if they have the necessary equipment else make necessary arrangements to dispatch it, give them the number of our customer care who they can call at anytime, etc. We then dispatch the required equipment to start tutoring. School staff is also involved when we develop the SLP and their input is sought through emails and phone calls. Regular monthly progress reports are sent to both school staff and parents.</p> <p>d. Parents, students and school staff are all provided with our customer care number and email.. While our customer care numbers are operational round the clock, we guarantee response within 24 hours of any email sent to us. Since our program is online, our representative is also available to chat live on our website eduplusllc.com</p>
18. Student/Instructor Ratio	<p><i>List the ratio of instructors to children in your program.</i></p> <p><u>1</u> students for every 1 instructor</p>

19. SES Services in other States	<p><i>Have you provided SES services in other states?</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If you have provided SES services in other states, has your program ever been removed from the list of approved providers?</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
20. In-state parent/district support for services	<p><i>Do you plan on providing an in-state representative to work directly with parents and districts?</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

I. BASIC PROGRAM INFORMATION

Please check one:

- ☒ Established, research based program: **Applying for Approval**
☐ Newly developed program: **Applying for Year 1 Conditional Approval** (For any of the following items that cannot be completed, mark with NA.)

1. Program Name	Eduwizards, Inc.																																		
2. Federal EIN or Social Security Number	272868613																																		
3. Subject Areas and Grade Levels Able to Serve	<p>Please check subject areas and list grade levels you address in working with students.</p> <p><input checked="" type="checkbox"/> Reading Grades <u>1-12</u></p> <p><input checked="" type="checkbox"/> Language Arts Grades <u>1-12</u></p> <p><input checked="" type="checkbox"/> Mathematics Grades <u>1-12</u></p> <p><input checked="" type="checkbox"/> Other (Specify) <u>Science</u> Grades <u>1-12</u></p>																																		
4. Grade Levels and Subject Areas Currently Served	<p>Please list subject areas and the grade levels of your students currently served.</p> <p>Math, English, Science</p> <p>Grade 1- 12</p>																																		
5. Date SSP Formed	<p>Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.</p> <p>September 2010</p>																																		
6. Number of Students Currently Served	<p>Please provide the number of students you currently serve, by subject and grade level.</p> <table border="1"> <tr> <td>Grade 1</td> <td>9</td> <td>Grade 6</td> <td>58</td> <td>Math</td> <td>182</td> </tr> <tr> <td>Grade 2</td> <td>12</td> <td>Grade 7</td> <td>61</td> <td>English/Language Arts</td> <td>112</td> </tr> <tr> <td>Grade 3</td> <td>18</td> <td>Grade 8</td> <td>56</td> <td>Science</td> <td>49</td> </tr> <tr> <td>Grade 4</td> <td>41</td> <td>Grade 9</td> <td>22</td> <td></td> <td></td> </tr> <tr> <td>Grade 5</td> <td>63</td> <td>Grade 10</td> <td>3</td> <td></td> <td></td> </tr> </table>					Grade 1	9	Grade 6	58	Math	182	Grade 2	12	Grade 7	61	English/Language Arts	112	Grade 3	18	Grade 8	56	Science	49	Grade 4	41	Grade 9	22			Grade 5	63	Grade 10	3		
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Grade 3	18	Grade 8	56	Science	49																														
Grade 4	41	Grade 9	22																																
Grade 5	63	Grade 10	3																																
7. Minimum/Maximum Number of Students Able to Serve	<p>Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.</p> <p style="text-align: center;">1 Student</p> <p>Please indicate the maximum number of students you will be willing to serve per school site.</p> <p style="text-align: center;">100 students</p>																																		

8. Service Area	<p><i>Please list the district(s) and school(s) in which you are able to provide services.</i></p> <p>District(s): All Districts _____</p> <p>School(s): All Schools _____</p>
9. Geographic Setting	<p><i>Check the setting(s) in which you are prepared to provide services.</i></p> <p><input checked="" type="checkbox"/> Urban</p> <p><input checked="" type="checkbox"/> Rural</p> <p><input checked="" type="checkbox"/> Suburban</p>
10. Place of Service	<p><i>Please check the location(s) that best describes where you deliver services to students.</i></p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Business</p> <p><input type="checkbox"/> Place of religious worship (e.g., church synagogue, mosque, temple)</p> <p><input type="checkbox"/> Community Center</p> <p><input type="checkbox"/> Provider's home</p> <p><input checked="" type="checkbox"/> Student's home</p> <p><input checked="" type="checkbox"/> On-line</p> <p>• Accessed from: _____</p> <p><input type="checkbox"/> Other: _____</p> <p>Is this location accessible to handicapped individuals?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)</i></p> <p>NA</p>
11. Specific Student Populations Served	<p><i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box.</i></p> <p><input checked="" type="checkbox"/> Low-Income students</p> <p><input checked="" type="checkbox"/> Minority students</p> <p><input checked="" type="checkbox"/> Migrant students</p> <p><input checked="" type="checkbox"/> Limited English proficient students</p> <p>Indicate particular language(s) with which you have expertise <u>Spanish</u></p> <p><input type="checkbox"/> Special education students</p> <p><input type="checkbox"/> Other: (describe) _____</p> <p><input type="checkbox"/> Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

12. Type of Organization	<p><i>Please check the category or categories that best describe your organization.</i></p> <p> <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit <input type="checkbox"/> School <input type="checkbox"/> District <input type="checkbox"/> Educational Service Unit <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Faith-Based Organization <input type="checkbox"/> Community Agency <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-line <input type="checkbox"/> Other (describe) _____ </p>
13. Time of Service	<p><i>Check the time(s) that best describe when you deliver services to students.</i></p> <p> <input checked="" type="checkbox"/> Before School <input checked="" type="checkbox"/> After School <input checked="" type="checkbox"/> Weekends <input checked="" type="checkbox"/> Summer <input type="checkbox"/> Other </p>
14. Length of Service	<p><i>Nebraska is requiring providers to deliver a minimum of 18 hours of tutoring service per student for the 2015-2016 school year.</i></p> <p> <i>(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours)</i> <i>(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks)</i> <i>(c) Describe how your program will operate (e.g. 60 minutes three times per week)</i> </p> <p> a) 20-30 hours b) 12-16 weeks c) 60 minutes per session; 2-3 times per week </p>
15. Cost	<p><i>Provide an average per pupil cost, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a <u>specific</u> description of your pricing structure. Maximum cost per hour of service allowed in Nebraska for the 2015-2016 school year is \$55.00.</i></p> <p>\$55</p>
16. Diagnostic Assessment	<p><i>Name the instrument that will be used to diagnose skill levels of each individual student.</i></p> <p> <i>Assessments from Bright Education</i> (http://brighted.funeducation.com) </p>

17. Mode of Instruction	<p>Please indicate which keyword(s) best match your program's offerings:</p> <p> <input checked="" type="checkbox"/> Individual tutoring <input type="checkbox"/> Small group tutoring <input checked="" type="checkbox"/> On-line <input type="checkbox"/> Computer Assisted </p> <p>Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.</p> <p>At Eduwizards all tutoring is online and one-to-one, and takes place from the comfort of the student's home. Tutoring takes place using a virtual classroom, which includes whiteboard, text chat, and voice communication; all our sessions are recorded online and available for later viewing by students and parents. Most of the tutors are state certified, with a Master's degree or higher. Our open review system helps us identify the best online tutors.</p>
18(b). Technology	<p>If On-line and/or Computer Assisted were checked in the previous box, please complete the following.</p> <p>a. Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. Mark as Documentation 1.18(b)</p> <p>b. Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.</p> <p>c. How will you provide orientation and consultation with the school staff, students, and parents?</p> <p>d. How will you provide continuous on-site support to participating students?</p> <p> a. Documentation attached as 1.18(b) b. Computer and internet are required to implement our services and both will be provided by Eduwizards to the student. c. Our in-state representative will meet the parent as per their convenience and we also set up teleconferences on a regular basis. d. Eduwizards offers 24/7 Live Customer Care Chat and 24/7 Live Phone support. Our customer service has vast experience in handling SES/NCLB students. We also have an in-house technical team which our customer service can connect to 24/7 in case there is a technical issue they are not able to resolve. </p>
18. Student/Instructor Ratio	<p>List the ratio of instructors to children in your program.</p> <p>_____ 1 _____ students for every 1 instructor</p>
19. SES Services in other States	<p>Have you provided SES services in other states?</p> <p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>If you have provided SES services in other states, has</p>

	<i>your program ever been removed from the list of approved providers?</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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20. In-state parent/district support for services	<i>Do you plan on providing an in-state representative to work directly with parents and districts?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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I. BASIC PROGRAM INFORMATION

Please check one:

☒ Established, research based program: *Applying for Approval*

☐ Newly developed program: *Applying for Year 1 Conditional Approval (For any of the following items that cannot be completed, mark with NA.)*

1. Program Name	I Can Achieve Tutoring
2. Federal EIN or Social Security Number	45-4771713
3. Subject Areas and Grade Levels Able to Serve	<p><i>Please check subject areas and list grade levels you address in working with students.</i></p> <p><input checked="" type="checkbox"/> Reading Grades_ Pre K-12th</p> <p><input checked="" type="checkbox"/> Language Arts Grades_ Pre K-12th</p> <p><input checked="" type="checkbox"/> Mathematics Grades_ PreK-12th</p> <p><input type="checkbox"/> Other (Specify) _____ Grades_____</p>
4. Grade Levels and Subject Areas Currently Served	<p><i>Please list subject areas and the grade levels of your students currently served.</i></p> <p><i>Reading, Language Arts, Writing, Mathematics</i></p> <p><i>Prek-12th Grade</i></p>
5. Date SSP Formed	<p><i>Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.</i></p> <p><i>8/2011</i></p>
6. Number of Students Currently Served	<p><i>Please provide the number of students you currently serve, by subject and grade level.</i></p> <p><i>180 students/year: ELA and Math</i></p> <p><i>Pre-K-8th Grade</i></p>
7. Minimum/Maximum Number of Students Able to Serve	<p><i>Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services: 2</i></p> <p><i>Please indicate the maximum number of students you will be willing to serve per school site: No Maximum</i></p>

8. Service Area	<p><i>Please list the district(s) and school(s) in which you are able to provide services.</i></p> <p>District(s): <u>All Districts</u></p> <p>School(s): <u>All Schools</u></p>
9. Geographic Setting	<p><i>Check the setting(s) in which you are prepared to provide services.</i></p> <p><input checked="" type="checkbox"/> Urban</p> <p><input checked="" type="checkbox"/> Rural</p> <p><input checked="" type="checkbox"/> Suburban</p>
10. Place of Service	<p><i>Please check the location(s) that best describes where you deliver services to students.</i></p> <p><input checked="" type="checkbox"/> School</p> <p><input type="checkbox"/> Business</p> <p><input checked="" type="checkbox"/> Place of religious worship (e.g., church synagogue, mosque, temple)</p> <p><input checked="" type="checkbox"/> Community Center</p> <p><input type="checkbox"/> Provider's home</p> <p><input checked="" type="checkbox"/> Student's home</p> <p><input type="checkbox"/> On-line</p> <p>• Accessed from: _____</p> <p><input checked="" type="checkbox"/> Other: <u>Public Library</u></p> <p>Is this location accessible to handicapped individuals?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)</i></p> <p>Transportation is not provided.</p>

11. Specific Student Populations Served	<p><i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box.</i></p> <p><input checked="" type="checkbox"/> Low-Income students</p> <p><input checked="" type="checkbox"/> Minority students</p> <p><input checked="" type="checkbox"/> Migrant students</p> <p><input checked="" type="checkbox"/> Limited English proficient students</p> <p>Indicate particular language(s) with which you have expertise: <u>Spanish and Arabic</u></p> <p><input type="checkbox"/> Special education students</p> <p><input type="checkbox"/> Other: (describe) <u>We can hire tutors who speak many different languages as our demographic demands.</u></p> <p><input type="checkbox"/> Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
12. Type of Organization	<p><i>Please check the category or categories that best describe your organization.</i></p> <p><input checked="" type="checkbox"/> For Profit</p> <p><input type="checkbox"/> Not for Profit</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> District</p> <p><input type="checkbox"/> Educational Service Unit</p> <p><input type="checkbox"/> Institution of Higher Education</p> <p><input type="checkbox"/> Faith-Based Organization</p> <p><input type="checkbox"/> Community Agency</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> On-line</p> <p><input type="checkbox"/> Other (describe) _____</p>
13. Time of Service	<p><i>Check the time(s) that best describe when you deliver services to students.</i></p> <p><input checked="" type="checkbox"/> Before School</p> <p><input checked="" type="checkbox"/> After School</p> <p><input checked="" type="checkbox"/> Weekends</p> <p><input checked="" type="checkbox"/> Summer</p> <p><input type="checkbox"/> Other</p>
14. Length of Service	<p><i>Nebraska is requiring providers to deliver a minimum of 18 hours of tutoring service per student for the 2015-2016 school year.</i></p> <p><i>(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours)</i></p> <p><i>(b) Describe the length of time you estimate your program will</i></p>

	<p><i>operate (e.g. 15 weeks)</i></p> <p><i>(c) Describe how your program will operate (e.g. 60 minutes three times per week)</i></p> <p>A) 20+ hours</p> <p>B) 5-12 weeks</p> <p>C) 60-120 minutes 2x/week</p>
15. Cost	<p><i>Provide an average <u>per pupil cost</u>, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a <u>specific</u> description of your pricing structure. Maximum cost per hour of service allowed in Nebraska for the 2015-2016 school year is \$55.00.</i></p> <p>\$55.00/hour</p>
16. Diagnostic Assessment	<p><i>Name the instrument that will be used to diagnose skill levels of each individual student.</i></p> <p><i>Pre Test, Mid Test, Post Test from Flocabulary.com and Monthly Progress Report. We also include Student Learning Plan that analyzes student skill levels and student tutoring goals.</i></p>
17. Mode of Instruction	<p><i>Please indicate which keyword(s) best match your program's offerings:</i></p> <p>X Individual tutoring</p> <p>X Small group tutoring</p> <p><input type="checkbox"/> On-line</p> <p><input type="checkbox"/> Computer Assisted</p> <p><i>Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.</i></p>

18(b). Technology	<p><i>If On-line and/or Computer Assisted were checked in the previous box, please complete the following.</i></p> <ul style="list-style-type: none"> <i>a. Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. Mark as Documentation L18(b)</i> <i>b. Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.</i> <i>c. How will you provide orientation and consultation with the school staff, students, and parents?</i> <i>d. How will you provide continuous on-site support to participating students?</i> <p>N/A</p>
18. Student/Instructor Ratio	<p><i>List the ratio of instructors to children in your program.</i></p> <p>10 students for every 1 instructor. However, 95% of our SES students are at a 6:1 ratio.</p>
19. SES Services in other States	<p><i>Have you provided SES services in other states?</i></p> <p>X Yes <input type="checkbox"/> No</p> <p><i>If you have provided SES services in other states, has your program ever been removed from the list of approved providers?</i></p> <p><input type="checkbox"/> Yes X No</p>

20. In-state parent/district support for services	<i>Do you plan on providing an in-state representative to work directly with parents and districts?</i> X Yes <input type="checkbox"/> No
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I. BASIC PROGRAM INFORMATION

Please check one:

- ☒ Established, research based program: ***Applying for Approval***
☐ Newly developed program: ***Applying for Year 1 Conditional Approval*** (For any of the following items that cannot be completed, mark with NA.)

1. Program Name	Kinetic Potential Scholars
2. Federal EIN or Social	27-0139340

Security Number																																			
3. Subject Areas and Grade Levels Able to Serve	<p><i>Please check subject areas and list grade levels you address in working with students.</i></p> <p><input checked="" type="checkbox"/> Reading Grades__K-12__</p> <p><input checked="" type="checkbox"/> Language Arts Grades__K-12</p> <p><input checked="" type="checkbox"/> Mathematics Grades__K-12_</p> <p><input type="checkbox"/> Other (Specify) Grades_____</p>																																		
4. Grade Levels and Subject Areas Currently Served	<p><i>Please list subject areas and the grade levels of your students currently served.</i></p> <p><i>Mathematics = Grades K-12</i> <i>Reading = Grades K-12</i> <i>Language Arts = Grades K-12</i></p>																																		
5. Date SSP Formed	<p><i>Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.</i></p> <p><i>September, 2009</i></p>																																		
6. Number of Students Currently Served	<p><i>Please provide the number of students you currently serve, by subject and grade level.</i></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th><i>Grade</i></th><th><i>Student Count</i></th></tr> </thead> <tbody> <tr><td>K</td><td>25</td></tr> <tr><td>1</td><td>18</td></tr> <tr><td>2</td><td>48</td></tr> <tr><td>3</td><td>58</td></tr> <tr><td>4</td><td>27</td></tr> <tr><td>5</td><td>37</td></tr> <tr><td>6</td><td>42</td></tr> <tr><td>7</td><td>25</td></tr> <tr><td>8</td><td>38</td></tr> <tr><td>9</td><td>23</td></tr> <tr><td>10</td><td>4</td></tr> <tr><td>11</td><td>5</td></tr> <tr><td>12</td><td>3</td></tr> </tbody> </table> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th><i>Subject</i></th><th><i>Student Count</i></th></tr> </thead> <tbody> <tr><td>Math</td><td>229</td></tr> <tr><td>ELA</td><td>194</td></tr> </tbody> </table>	<i>Grade</i>	<i>Student Count</i>	K	25	1	18	2	48	3	58	4	27	5	37	6	42	7	25	8	38	9	23	10	4	11	5	12	3	<i>Subject</i>	<i>Student Count</i>	Math	229	ELA	194
<i>Grade</i>	<i>Student Count</i>																																		
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Math	229																																		
ELA	194																																		
7. Minimum/Maximum Number of Students Able to Serve	<p><i>Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.</i></p> <p><i>Minimum = 1</i></p>																																		

	<p><i>Maximum = 1000</i></p> <p><i>Please indicate the maximum number of students you will be willing to serve per school site.</i></p>
8. Service Area	<p><i>Please list the district(s) and school(s) in which you are able to provide services.</i></p> <p>District(s): <u>All Districts Statewide</u></p> <p>School(s): <u>All Schools Statewide</u></p>
9. Geographic Setting	<p><i>Check the setting(s) in which you are prepared to provide services.</i></p> <p><input checked="" type="checkbox"/> Urban</p> <p><input checked="" type="checkbox"/> Rural</p> <p><input checked="" type="checkbox"/> Suburban</p>
10. Place of Service	<p><i>Please check the location(s) that best describes where you deliver services to students.</i></p> <p><input checked="" type="checkbox"/> School</p> <p><input type="checkbox"/> Business</p> <p><input checked="" type="checkbox"/> Place of religious worship (e.g., church synagogue, mosque, temple)</p> <p><input checked="" type="checkbox"/> Community Center</p> <p><input type="checkbox"/> Provider's home</p> <p><input checked="" type="checkbox"/> Student's home</p> <p><input checked="" type="checkbox"/> On-line</p> <p>• Accessed from: <u>Computer via Internet</u></p> <p><input type="checkbox"/> Other: _____</p> <p>Is this location accessible to handicapped individuals?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)</i></p> <p><i>Transportation is assessed on a site by site basis.</i></p>

11. Specific Student Populations Served	<p><i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box.</i></p> <p><input checked="" type="checkbox"/> Low-Income students</p> <p><input checked="" type="checkbox"/> Minority students</p> <p><input checked="" type="checkbox"/> Migrant students</p> <p><input checked="" type="checkbox"/> Limited English proficient students</p> <p>Indicate particular language(s) with which you have expertise: <u>Spanish</u></p> <p><input checked="" type="checkbox"/> Special education students</p> <p><input type="checkbox"/> Other: (describe) _____</p> <p><input type="checkbox"/> Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
12. Type of Organization	<p><i>Please check the category or categories that best describe your organization.</i></p> <p><input checked="" type="checkbox"/> For Profit</p> <p><input type="checkbox"/> Not for Profit</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> District</p> <p><input type="checkbox"/> Educational Service Unit</p> <p><input type="checkbox"/> Institution of Higher Education</p> <p><input type="checkbox"/> Faith-Based Organization</p> <p><input checked="" type="checkbox"/> Community Agency</p> <p><input type="checkbox"/> Individual</p> <p><input checked="" type="checkbox"/> On-line</p> <p><input type="checkbox"/> Other (describe) _____</p>
13. Time of Service	<p><i>Check the time(s) that best describe when you deliver services to students.</i></p> <p><input checked="" type="checkbox"/> Before School</p> <p><input checked="" type="checkbox"/> After School</p> <p><input checked="" type="checkbox"/> Weekends</p> <p><input checked="" type="checkbox"/> Summer</p> <p><input checked="" type="checkbox"/> Other (winter/spring breaks)</p>
14. Length of Service	<p><i>Nebraska is requiring providers to deliver a minimum of 18 hours of tutoring service per student for the 2015-2016 school year.</i></p> <p><i>(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours)</i></p> <p><i>18-40 hours depending on PPA</i></p> <p><i>(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks)</i></p> <p><i>Generally the program will go 10-20 weeks</i></p> <p><i>(c) Describe how your program will operate (e.g. 60 minutes three times per week)</i></p>

	Generally, the program will meet 2-4 times per week for 1-2 hour sessions
15. Cost	Provide an average per pupil cost , per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a <u>specific</u> description of your pricing structure. The following pricing is per student: \$55/hr
16. Diagnostic Assessment	Name the instrument that will be used to diagnose skill levels of each individual student. Stanford Diagnostic Assessment of Student Achievement
17. Mode of Instruction	Please indicate which keyword(s) best match your program's offerings: <input checked="" type="checkbox"/> Individual tutoring <input checked="" type="checkbox"/> Small group tutoring <input checked="" type="checkbox"/> On-line <input checked="" type="checkbox"/> Computer Assisted Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process. KP Scholars are making quite significant gains in our program--1.70 grade equivalency increase in math and 1.25 grade equivalency increase in reading language arts, on average. The program design incorporates the latest advancements in educational technology and students often access our services from home / school / library / local church utilizing a computer and the internet. The program is built upon key principles of quality programming: (1) a well-structured program, (2) recruitment and development of highly qualified instructors with graduate degrees from Harvard and Columbia, (3) small and differentiated classes to customize the learning experience for each student. KP Scholars is more than just tutoring, we provide each student with a KP Tutor and a KP Mentor throughout the duration of the program to focus students on their long-term goal and making every day matter in pursuit of their goals.
18(b). Technology	If On-line and/or Computer Assisted were checked in the previous box, please complete the following. a. Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. Mark as Documentation I.18(b) Included at the end of this application b. Describe the minimum on-site technical requirements

	<p><i>Included at the end of this application</i></p> <p><i>b. Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.</i></p> <p><i>To fully leverage our Kinetic Potential Mentoring and Learning Platform, students require access to computers and high speed internet access. Most computers that are able to access general websites will be sufficient for accessing our basic services.</i></p> <p><i>c. How will you provide orientation and consultation with the school staff, students, and parents?</i></p> <p><i>As KP Scholars is launched in LEA's throughout the country, it is our goal to meet with administrators at schools sponsoring the SES program to review our program and learn of the policies and procedures governing their computer lab. We also provide online webinars to demonstrate our program and address any questions or concerns.</i></p> <p><i>d. How will you provide continuous on-site support to participating students?</i></p> <p><i>The KP Scholars Program is more than just a tutoring program—students receiving our services at local schools, community centers, local libraries and local churches will also have a KP Mentor that provides on-site support to complement our KP Tutors that are generally online. For those students who will receive their services from home, we ask the parents to serve in the capacity of the KP Mentor.</i></p> <p><i>This approach not only ensures continuous on-site support but separates the responsibility for discipline and behavior modification from teaching and pedagogy. KP Mentors provide the social development while KP Tutors are focused on the academic development of each of our students.</i></p>
<p>18. Student/Instructor Ratio</p>	<p><i>List the ratio of instructors to children in your program.</i></p> <p><u> 8 </u> students for every 1 instructor</p>
<p>19. SES Services in other States</p>	<p><i>Have you provided SES services in other states?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If you have provided SES services in other states, has your program ever been removed from the list of approved providers?</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

20. In-state parent / district support for services	<i>Do you plan on providing an in-state representative to work directly with parents and districts?</i> <u>Yes</u> No
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I. BASIC PROGRAM INFORMATION

Please check one:

☒ Established, research based program: **Applying for Approval**

Newly developed program: **Applying for Year 1 Conditional Approval** (For any of the following items that cannot be completed, mark with NA.)

1. Program Name	Learn-It Systems, LLC																																													
2. Federal EIN or Social Security Number	83-0474386																																													
3. Subject Areas and Grade Levels Able to Serve	<p>Please check subject areas and list grade levels you address in working with students.</p> <p><input checked="" type="checkbox"/> Reading Grades_K-12_____</p> <p><input checked="" type="checkbox"/> Language Arts Grades_K-12_____</p> <p><input checked="" type="checkbox"/> Mathematics Grades_K-12_____</p> <p><input type="checkbox"/> Other (Specify) _____ Grades_____</p>																																													
4. Grade Levels and Subject Areas Currently Served	<p>Please list subject areas and the grade levels of your students currently served.</p> <p>Learn It currently offers services to K-12 students in Reading/Language Arts and Mathematics.</p>																																													
5. Date SSP Formed	<p>Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.</p> <p>Learn It was formed in and has provided SES since February, 2007.</p>																																													
6. Number of Students Currently Served	<p>Please provide the number of students you currently serve, by subject and grade level.</p> <p>2013-2014 School Year</p> <table border="1"> <thead> <tr> <th>Grade Level</th><th>Reading/Language Arts</th><th>Math</th></tr> </thead> <tbody> <tr><td>KG</td><td>531</td><td>358</td></tr> <tr><td>1</td><td>754</td><td>525</td></tr> <tr><td>2</td><td>789</td><td>550</td></tr> <tr><td>3</td><td>1421</td><td>945</td></tr> <tr><td>4</td><td>1416</td><td>999</td></tr> <tr><td>5</td><td>1178</td><td>956</td></tr> <tr><td>6</td><td>923</td><td>780</td></tr> <tr><td>7</td><td>766</td><td>745</td></tr> <tr><td>8</td><td>698</td><td>587</td></tr> <tr><td>9</td><td>313</td><td>301</td></tr> <tr><td>10</td><td>218</td><td>270</td></tr> <tr><td>11</td><td>202</td><td>179</td></tr> <tr><td>12</td><td>135</td><td>138</td></tr> <tr><td>TOTAL</td><td>9346</td><td>7334</td></tr> </tbody> </table>	Grade Level	Reading/Language Arts	Math	KG	531	358	1	754	525	2	789	550	3	1421	945	4	1416	999	5	1178	956	6	923	780	7	766	745	8	698	587	9	313	301	10	218	270	11	202	179	12	135	138	TOTAL	9346	7334
Grade Level	Reading/Language Arts	Math																																												
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7. Minimum/Maximum Number of Students Able to Serve	<p><i>Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.</i></p> <p>30 Student per school site (Advantage) 1 Student per school site (Blended)</p> <p><i>Please indicate the maximum number of students you will be willing to serve per school site.</i></p> <p>No maximums</p>
8. Service Area	<p><i>Please list the district(s) and school(s) in which you are able to provide services.</i></p> <p>District(s): <u>LINCOLN PUBLIC SCHOOLS</u> <u>OMAHA PUBLIC SCHOOLS</u></p> <p>School(s): <u>All eligible schools in the districts above</u></p>
9. Geographic Setting	<p><i>Check the setting(s) in which you are prepared to provide services.</i></p> <p><input checked="" type="checkbox"/> Urban <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Suburban</p>
10. Place of Service	<p><i>Please check the location(s) that best describes where you deliver services to students.</i></p> <p><input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Business <input checked="" type="checkbox"/> Place of religious worship (e.g., church synagogue, mosque, temple) <input checked="" type="checkbox"/> Community Center <input type="checkbox"/> Provider's home <input checked="" type="checkbox"/> Student's home <input checked="" type="checkbox"/> On-line</p> <ul style="list-style-type: none"> • Accessed from: <u>Learn It provides a computing device (e.g. netbook, tablet) and Internet access, as necessary, for students to access the computer-assisted lesson in the blended program.</u> <p><input type="checkbox"/> Other: _____</p> <p>Is this location accessible to handicapped individuals? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)</i></p> <p>Since Learn It's Advantage program generally occurs at a child's school and Learn It's Blended program is generally accessed from the child's home, transportation is not required. If transportation is required, Learn It will work with the LEA determine what transportation arrangements can be made for students.</p>

11. Specific Student Populations Served	<p><i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box.</i></p> <p> <input checked="" type="checkbox"/> Low-Income students <input checked="" type="checkbox"/> Minority students <input checked="" type="checkbox"/> Migrant students <input checked="" type="checkbox"/> Limited English proficient students </p> <p>Indicate particular language(s) with which you have expertise <u>Spanish and Haitian Creole</u></p> <p>X Special education students</p> <p> <input type="checkbox"/> Other: (describe) _____ <input type="checkbox"/> Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>
12. Type of Organization	<p><i>Please check the category or categories that best describe your organization.</i></p> <p> <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit <input type="checkbox"/> School <input type="checkbox"/> District <input type="checkbox"/> Educational Service Unit <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Faith-Based Organization <input type="checkbox"/> Community Agency <input type="checkbox"/> Individual <input checked="" type="checkbox"/> On-line <input type="checkbox"/> Other (describe) _____ </p>
13. Time of Service	<p><i>Check the time(s) that best describe when you deliver services to students.</i></p> <p> <input checked="" type="checkbox"/> Before School <input checked="" type="checkbox"/> After School <input checked="" type="checkbox"/> Weekends <input checked="" type="checkbox"/> Summer <input type="checkbox"/> Other </p>
14. Length of Service	<p><i>Nebraska is requiring providers to deliver a minimum of 18 hours of tutoring service per student for the 2015-2016 school year.</i></p> <p><i>(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours)</i></p> <p>Learn It's programs generally range from 20 – 40 hours of service.</p> <p><i>(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks)</i></p> <p>Learn It's programs typically operate over 8 – 20 weeks.</p> <p><i>(c) Describe how your program will operate (e.g. 60 minutes three times per week)</i></p> <p>Learn It's sessions typically range from 30-120 minutes in length and are held 2-6 times per week.</p>

15. Cost	<p><i>Provide an average per pupil cost, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a specific description of your pricing structure. Maximum cost per hour of service allowed in Nebraska for the 2015-2016 school year is \$55.00.</i></p> <p>Learn It charges \$55 per hour per student for sessions ranging from 30-120 minutes</p>
16. Diagnostic Assessment	<p><i>Name the instrument that will be used to diagnose skill levels of each individual student.</i></p> <p>Learn It Advantage (in-person direct instruction) programs use Learn It's proprietary Learn It Reading Assessments and Learn It Math Assessments.</p> <p>Learn It Blended program (computer-assisted sessions with regular live instruction) uses Odyssey Reading/Language Arts Assessments and Odyssey Math Assessments from Compass Learning.</p> <p>In all programs, Learn It assesses students at the beginning of the program to determine student skill gaps and again at the end of the program to determine overall student progress.</p>
17. Mode of Instruction	<p><i>Please indicate which keyword(s) best match your program's offerings:</i></p> <p><input checked="" type="checkbox"/> Individual tutoring <input checked="" type="checkbox"/> Small group tutoring <input checked="" type="checkbox"/> On-line <input checked="" type="checkbox"/> Computer Assisted</p> <p><i>Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.</i></p> <p>Learn It produces results! Our goal is to help every student achieve his/her full potential and be a successful learner. Learn It has helped thousands of students nationwide learn the fundamental reading and math skills they need to succeed in school and in life. Our programs features:</p> <ul style="list-style-type: none"> •SMALL CLASSES – 3-10 students, on average, per instructor, per class •PROFESSIONAL INSTRUCTORS – Experienced and specially trained for our programs •PERSONALIZED LEARNING – Individualized Plans for each student, at any level •READING/LANGUAGE ARTS or MATH – Research-based, proven effective programs •REWARDS PROGRAM – Free books and prizes for attendance and effort

	<p>•CONVENIENT LOCATIONS – In-person sessions at your child's school or online computer-assisted sessions on a computer provided by Learn It</p>
18(b). Technology	<p><i>If On-line and/or Computer Assisted were checked in the previous box, please complete the following.</i></p> <p><i>a. Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. Mark as Documentation I.18(b)</i></p> <p>Learn It has provided the required documentation at I.18(b).</p> <p><i>b. Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.</i></p> <p>Learn It does not have on-site technical requirements. Learn It provides students enrolled in our program with the necessary computing device (e.g. netbook, tablet computer), Internet access, hardware and software to participate in our programs. If the location of the sessions has pre-existing Internet connections (e.g. WiFi), Learn It may utilize the connection, however, it is not required for a location or family to have Internet service for the student to participate in our program.</p> <p><i>c. How will you provide orientation and consultation with the school staff, students, and parents?</i></p> <p>Learn It contacts the parents of the students enrolled in our program to schedule an Orientation prior to the start of services. Orientation includes information regarding the program, for example, schedule of sessions, instructor/education counselor information, and the use of the computers, including access, care of the computer. Learn It will consult with parents, school staff, including classroom teachers, at the beginning of the program to discuss each individual student's skill gaps and prepare an individualized Student Learning Plan. Learn It will continue to consult parent, school and district personnel and classroom teachers throughout the program to report progress and answer questions regarding the program. Learn It instructors and/or education counselors are in constant contact with student throughout their program, providing instruction, educational support and progress monitoring.</p> <p><i>d. How will you provide continuous on-site support to participating students?</i></p> <p>Learn It provides participating students with continuous support. Students in our Blended program receive</p>

	<p>instructional support during their live sessions from a Learn It instructor or education counselor.</p> <p>For technical support, Learn It provides all participating students in the Blended programs, with an easy to understand orientation manual for using the computers and accessing their sessions. Should a student experience an issue, the orientation manual includes the contact information for the local support team. Should the local support team not be able to resolve the issues, the problem will be escalated to our National Call Center and our corporate office.</p>
18. Student/Instructor Ratio	<p><i>List the ratio of instructors to children in your program.</i></p> <p><u>1-10</u> students for every 1 instructor</p>
19. SES Services in other States	<p><i>Have you provided SES services in other states?</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If you have provided SES services in other states, has your program ever been removed from the list of approved providers?</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
20. In-state parent/district support for services	<p><i>Do you plan on providing an in-state representative to work directly with parents and districts?</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

I. BASIC PROGRAM INFORMATION

Please check one:

- ☒ Established, research based program: **Applying for Approval**
☐ Newly developed program: **Applying for Year 1 Conditional Approval** (For any of the following items that cannot be completed, mark with NA.)

1. Program Name	One on One Learning
2. Federal EIN or Social Security Number	05-0530715
3. Subject Areas and Grade Levels Able to Serve	<p><i>Please check subject areas and list grade levels you address in working with students.</i></p> <p><input checked="" type="checkbox"/> Reading Grades: K – 12 <input checked="" type="checkbox"/> Language Arts Grades K – 12 <input checked="" type="checkbox"/> Mathematics Grades K – 12 <input type="checkbox"/> Other (Specify) _____ Grades _____</p>
4. Grade Levels and Subject Areas Currently Served	<p><i>Please list subject areas and the grade levels of your students currently served.</i></p> <p>Reading/Language Arts K – 12 Mathematics K – 12</p>
5. Date SSP Formed	<p><i>Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.</i></p> <p>October 2004</p>
6. Number of Students Currently Served	<p><i>Please provide the number of students you currently serve, by subject and grade level.</i></p> <p>Kindergarten – 761 Students 1st Grade: 1,431 Students 2nd Grade: 1,069 Students 3rd Grade: 1,287 Students 4th Grade: 1,127 Students 5th Grade: 926 Students 6th Grade: 1,069 Students 7th Grade: 541 Students 8th Grade: 628 Students 9th Grade: 91 Students</p>

	10 th Grade: 72 Students 11 th Grade: 99 Students 12 th Grade: 108 Students
7. Minimum/Maximum Number of Students Able to Serve	<p><i>Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.</i></p> <p><i>Please indicate the maximum number of students you will be willing to serve per school site.</i></p> <p>Minimum: 1 Student Maximum: 1,000 Students</p>
8. Service Area	<p><i>Please list the district(s) and school(s) in which you are able to provide services.</i></p> <p>District(s): <u>All Districts</u></p> <p>School(s): <u>All Schools</u></p>
9. Geographic Setting	<p><i>Check the setting(s) in which you are prepared to provide services.</i></p> <p><input checked="" type="checkbox"/> Urban <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Suburban</p>
10. Place of Service	<p><i>Please check the location(s) that best describes where you deliver services to students.</i></p> <p><input checked="" type="checkbox"/> School <input type="checkbox"/> Business <input checked="" type="checkbox"/> Place of religious worship (e.g., church synagogue, mosque, temple) <input checked="" type="checkbox"/> Community Center <input type="checkbox"/> Provider's home <input checked="" type="checkbox"/> Student's home <input checked="" type="checkbox"/> On-line</p> <p>• Accessed from: _____</p> <p><input type="checkbox"/> Other: _____</p> <p>Is this location accessible to handicapped individuals? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)</i></p> <p>Transportation will be provided by provider.</p>

11. Specific Student Populations Served	<p><i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box.</i></p> <p><input checked="" type="checkbox"/> Low-Income students</p> <p><input checked="" type="checkbox"/> Minority students</p> <p><input checked="" type="checkbox"/> Migrant students</p> <p><input checked="" type="checkbox"/> Limited English proficient students</p> <p>Indicate particular language(s) with which you have expertise _____</p> <p><input checked="" type="checkbox"/> Special education students</p> <p><input type="checkbox"/> Other: (describe) _____</p> <p><input type="checkbox"/> Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
12. Type of Organization	<p><i>Please check the category or categories that best describe your organization.</i></p> <p><input checked="" type="checkbox"/> For Profit</p> <p><input type="checkbox"/> Not for Profit</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> District</p> <p><input type="checkbox"/> Educational Service Unit</p> <p><input type="checkbox"/> Institution of Higher Education</p> <p><input type="checkbox"/> Faith-Based Organization</p> <p><input type="checkbox"/> Community Agency</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> On-line</p> <p><input type="checkbox"/> Other (describe) _____</p>
13. Time of Service	<p><i>Check the time(s) that best describe when you deliver services to students.</i></p> <p><input checked="" type="checkbox"/> Before School</p> <p><input checked="" type="checkbox"/> After School</p> <p><input checked="" type="checkbox"/> Weekends</p> <p><input checked="" type="checkbox"/> Summer</p> <p><input type="checkbox"/> Other</p>
14. Length of Service	<p><i>Nebraska is requiring providers to deliver a minimum of 18 hours of tutoring service per student for the 2015-2016 school year.</i></p> <p><i>(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours)</i></p> <p>18 – 40 Hours</p> <p><i>(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks)</i></p>

	<p>10 – 25 Weeks</p> <p><i>(c) Describe how your program will operate (e.g. 60 minutes three times per week)</i></p> <p>60 – 120 minutes per session, 1 – 4 sessions per week.</p>
15. Cost	<p><i>Provide an average per pupil cost, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a <u>specific</u> description of your pricing structure. Maximum cost per hour of service allowed in Nebraska for the 2015-2016 school year is \$55.00.</i></p> <p>\$55.00 per hour (60 minutes)</p>
16. Diagnostic Assessment	<p><i>Name the instrument that will be used to diagnose skill levels of each individual student.</i></p> <p>AIMSweb</p>
17. Mode of Instruction	<p><i>Please indicate which keyword(s) best match your program's offerings:</i></p> <p><input checked="" type="checkbox"/> Individual tutoring</p> <p><input checked="" type="checkbox"/> Small group tutoring</p> <p><input checked="" type="checkbox"/> On-line</p> <p><input type="checkbox"/> Computer Assisted</p> <p><i>Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.</i></p> <p>One on One Learning provides parents with the choice of individual or small group tutoring in reading and/or mathematics. Tutoring can be held in home, at the school site, or at off-site locations. Tutoring schedules are flexible and take place weekdays or during the weekend. Students are pretested and individual skill gaps are identified. Intervention is prescribed according to students' strengths and weaknesses. Our staff is comprised of experienced tutors with valid Nebraska teaching certificates.</p>
18(b). Technology	<p><i>If On-line and/or Computer Assisted were checked in the previous box, please complete the following.</i></p> <p><i>a. Provide documentation that you own or have an agreement to use software and/or web-based tools</i></p>

	<p><i>utilized in your program. Mark as Documentation I.18(b)</i></p> <p>Attached please find documentation reflecting ability to use online program. Marked I.18(b)</p> <p><i>b. Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.</i></p> <p>Attached please find documentation reflecting minimum system requirements. Marked I.18(b).</p> <p><i>c. How will you provide orientation and consultation with the school staff, students, and parents?</i></p> <p>Orientation and consultation are provided to students and parents via a scheduled i-Ready orientation and computer device distribution meeting. This takes place at a time that is convenient for all parties. A location central to families is selected and parents are notified of the date and time of the meeting. At the meeting, families are provided with an online manual that has step-by-step instructions on how to access and maneuver throughout the i-Ready program. Computer devices are set up and students get hands-on instruction on how to utilize the device and access the i-Ready program. Families leave the meeting with their computer devices and i-Ready manuals. This meeting is mandatory for all families who elect to receive online tutoring. School staff is notified of the scheduled meeting dates and times. They are invited and are welcome to attend any of these meetings.</p> <p><i>d. How will you provide continuous on-site support to participating students?</i></p> <p>Continuous on-site support is provided to participating students via an assigned online monitor. Online monitors are individuals who have completed a thorough i-Ready training. They are responsible for keeping in touch with students and monitoring student progress, on a weekly basis. Families are provided the contact information for their assigned online monitor and are encouraged to contact the monitor if they run into any problems or have questions. Online monitors are responsible for answering any questions regarding the online curriculum, program, and computer device. They are periodically in communication with families via telephone and/or email and will be available for face-to-face meeting either in-</p>
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	home or at a public library. Online monitors also have access to i-Ready's toll-free telephone number that allows them to contact i-Ready if any technical issues arise that they are unable to answer.
18. Student/Instructor Ratio	<p><i>List the ratio of instructors to children in your program.</i></p> <p><u>1 – 10</u> students for every 1 instructor</p>
19. SES Services in other States	<p><i>Have you provided SES services in other states?</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If you have provided SES services in other states, has your program ever been removed from the list of approved providers?</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
20. In-state parent/district support for services	<p><i>Do you plan on providing an in-state representative to work directly with parents and districts?</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

I. BASIC PROGRAM INFORMATION

Please check one:

☒ Established, research based program: **Applying for Approval**

☐ Newly developed program: **Applying for Year 1 Conditional Approval** (For any of the following items that cannot be completed, mark with NA.)

1. Program Name	Promise Tutorial																
2. Federal EIN or Social Security Number	711030-161																
3. Subject Areas and Grade Levels Able to Serve	<p><i>Please check subject areas and list grade levels you address in working with students.</i></p> <p>x Reading Grades K-12</p> <p>x Language Arts Grades K-12</p> <p>x Mathematics Grades K-12</p> <p>Other (Specify) _____ Grades _____</p>																
4. Grade Levels and Subject Areas Currently Served	<p><i>Please list subject areas and the grade levels of your students currently served.</i></p> <p>Math, Reading/ELA</p>																
5. Date SSP Formed	<p><i>Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.</i></p> <p>June 2006</p>																
6. Number of Students Currently Served	<p><i>Please provide the number of students you currently serve, by subject and grade level.</i></p> <table> <tr> <td>1st - 16</td> <td>9th - 181</td> </tr> <tr> <td>2nd - 19</td> <td>10th - 173</td> </tr> <tr> <td>3rd - 24</td> <td>11th - 167</td> </tr> <tr> <td>4th - 68</td> <td>12th - 134</td> </tr> <tr> <td>5th - 56</td> <td></td> </tr> <tr> <td>6th - 130</td> <td></td> </tr> <tr> <td>7th - 140</td> <td></td> </tr> <tr> <td>8th - 168</td> <td></td> </tr> </table>	1 st - 16	9 th - 181	2 nd - 19	10 th - 173	3 rd - 24	11 th - 167	4 th - 68	12 th - 134	5 th - 56		6 th - 130		7 th - 140		8 th - 168	
1 st - 16	9 th - 181																
2 nd - 19	10 th - 173																
3 rd - 24	11 th - 167																
4 th - 68	12 th - 134																
5 th - 56																	
6 th - 130																	
7 th - 140																	
8 th - 168																	

7. Minimum/Maximum Number of Students Able to Serve	<p><i>Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.</i></p> <p style="text-align: center;">5</p> <p><i>Please indicate the maximum number of students you will be willing to serve per school site:</i></p> <p style="text-align: center;">unlimited</p>
8. Service Area	<p><i>Please list the district(s) and school(s) in which you are able to provide services.</i></p> <p>District(s): <u>All districts statewide</u></p> <p>School(s): <u>All schools statewide</u></p>
9. Geographic Setting	<p><i>Check the setting(s) in which you are prepared to provide services.</i></p> <p><input checked="" type="checkbox"/> Urban</p> <p><input checked="" type="checkbox"/> Rural</p> <p><input checked="" type="checkbox"/> Suburban</p>
10. Place of Service	<p><i>Please check the location(s) that best describes where you deliver services to students.</i></p> <p><input checked="" type="checkbox"/> School</p> <p><input checked="" type="checkbox"/> Business</p> <p><input checked="" type="checkbox"/> Place of religious worship (e.g., church synagogue, mosque, temple)</p> <p><input checked="" type="checkbox"/> Community Center</p> <p><input type="checkbox"/> Provider's home</p> <p><input checked="" type="checkbox"/> Student's home</p> <p><input type="checkbox"/> On-line</p> <p>• Accessed from: _____</p> <p><input checked="" type="checkbox"/> Other: <u>library</u></p> <p>Is this location accessible to handicapped individuals?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for</i></p>

	<p><i>transportation.)</i></p> <p><i>Transportation is not provided by Promise, however, tutorial services will be offered convenient to public transportation and within walking distance of school or home.</i></p>
<p>11. Specific Student Populations Served</p>	<p><i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box.</i></p> <p><input checked="" type="checkbox"/> Low-Income students</p> <p><input checked="" type="checkbox"/> Minority students</p> <p><input type="checkbox"/> Migrant students</p> <p><input checked="" type="checkbox"/> Limited English proficient students</p> <p> <i>Indicate particular language(s) with which you have expertise</i> Spanish _____</p> <p><input checked="" type="checkbox"/> Special education students</p> <p><input type="checkbox"/> Other: (describe) _____</p> <p><input type="checkbox"/> <i>Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.</i></p> <p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>12. Type of Organization</p>	<p><i>Please check the category or categories that best describe your organization.</i></p> <p><input checked="" type="checkbox"/> For Profit</p> <p><input type="checkbox"/> Not for Profit</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> District</p> <p><input type="checkbox"/> Educational Service Unit</p> <p><input type="checkbox"/> Institution of Higher Education</p> <p><input type="checkbox"/> Faith-Based Organization</p> <p><input checked="" type="checkbox"/> Community Agency</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> On-line</p> <p><input type="checkbox"/> Other (describe) _____</p>
<p>13. Time of Service</p>	<p><i>Check the time(s) that best describe when you deliver services to students.</i></p> <p><input checked="" type="checkbox"/> Before School</p> <p><input checked="" type="checkbox"/> After School</p> <p><input checked="" type="checkbox"/> Weekends</p>

	x Summer x Other Winter/Spring break				
14. Length of Service	<p><i>Nebraska is requiring providers to deliver a minimum of 18 hours of tutoring service per student for the 2015-2016 school year.</i></p> <p>(a) <i>Describe the total number of hours tutoring will be provided (e.g. 40 hours)</i></p> <p>(b) <i>Describe the length of time you estimate your program will operate (e.g. 15 weeks)</i></p> <p>(c) <i>Describe how your program will operate (e.g. 60 minutes three times per week)</i></p> <p>Delivery of service to students will entail 30 hours of instruction, over a course of 6 to 20 weeks attending a minimum of 1 hour weekly sessions up to 6 hours per week.</p>				
15. Cost	<p><i>Provide an average <u>per pupil cost</u>, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a <u>specific</u> description of your pricing structure. Maximum cost per hour of service allowed in Nebraska for the 2015-2016 school year is \$55.00.</i></p> <p><i>Pricing Structure:</i></p> <table> <tr> <td><i>Individual Tutoring</i></td> <td><i>\$55</i></td> </tr> <tr> <td><i>Group Tutoring</i></td> <td><i>\$55</i></td> </tr> </table>	<i>Individual Tutoring</i>	<i>\$55</i>	<i>Group Tutoring</i>	<i>\$55</i>
<i>Individual Tutoring</i>	<i>\$55</i>				
<i>Group Tutoring</i>	<i>\$55</i>				
16. Diagnostic Assessment	<p><i>Name the instrument that will be used to diagnose skill levels of each individual student.</i></p> <p><i>Brigance Comprehensive Inventory of Basic Skills (CIBS-R)</i></p>				

17. Mode of Instruction	<p><i>Please indicate which keyword(s) best match your program's offerings:</i></p> <p>x Individual tutoring x Small group tutoring <input type="checkbox"/> On-line <input type="checkbox"/> Computer Assisted</p> <p><i>Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.</i></p> <p>Promise employees are experienced and certified teachers providing free K-12 Reading and Math Supplemental Educational Services (SES). According to pre- assessment scores, each student is administered an individualized learning plan and instructional material based on academic need to close the skill gap. Students have year round access to complete the individual or small group tutoring program which boasts an increase in grades, student attendance, modified behavior, and an academic growth of 1.5 years in grade equivalency. All materials and tools are provided at no cost.</p>
18(b). Technology	<p><i>If On-line and/or Computer Assisted were checked in the previous box, please complete the following.</i></p> <p>a. <i>Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. Mark as Documentation I.18(b)</i></p> <p>b. <i>Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.</i></p> <p>c. <i>How will you provide orientation and consultation with the</i></p>

	<p><i>school staff, students, and parents?</i></p> <p><i>d. How will you provide continuous on-site support to participating students?</i></p> <p>N/A</p>
18. Student/Instructor Ratio	<p><i>List the ratio of instructors to children in your program.</i></p> <p><u>8</u> students for every 1 instructor</p>
19. SES Services in other States	<p><i>Have you provided SES services in other states?</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If you have provided SES services in other states, has your program ever been removed from the list of approved providers?</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
20. In-state parent/district support for services	<p><i>Do you plan on providing an in-state representative to work directly with parents and districts?</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

I. BASIC PROGRAM INFORMATION

Please check one:

- ☒ Established, research based program: **Applying for Approval**
☐ Newly developed program: **Applying for Year 1 Conditional Approval** (For any of the following items that cannot be completed, mark with NA.)

1. Program Name	Studentnest, Inc. (dba: studentnest.com)
2. Federal EIN or Social Security Number	20-2124874
3. Subject Areas and Grade Levels Able to Serve	<p>Please check subject areas and list grade levels you address in working with students.</p> <p><input checked="" type="checkbox"/> Reading Grades <u>K-12</u></p> <p><input checked="" type="checkbox"/> Language Arts Grades <u>K-12</u></p> <p><input checked="" type="checkbox"/> Mathematics Grades <u>K-12</u></p> <p><input type="checkbox"/> Other (Specify) _____ Grades _____</p>
4. Grade Levels and Subject Areas Currently Served	<p>Please list subject areas and the grade levels of your students currently served.</p> <p>Reading K-12 Language Arts K-12 Math K-12</p>
5. Date SSP Formed	<p>Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.</p> <p>2005</p>
6. Number of Students Currently Served	<p>Please provide the number of students you currently serve, by subject and grade level</p> <p>Reading, K-12, 1st-7, 2nd-3, 3rd-19, 4th-27, 5th-10, 6th-17, 7th-9, 8th-2, 9th-23, 10th-36, 11th-24, 12th-22</p> <p>Language Arts K-5, 1st-12, 2nd-4, 3rd-6, 4th-11, 5th-8, 6th-14, 7th-16, 8th-12, 9th-35, 10th-47, 11th-43, 12th-24</p> <p>Math K-157, 1st-232, 2nd-268, 3rd-467, 4th-521, 5th-415, 6th-469, 7th-488, 8th-477, 9th-522, 10th-459, 11th-410, 12th-311</p>
7. Minimum/Maximum Number of Students Able to Serve	<p>Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.</p> <p>1</p> <p>Please indicate the maximum number of students you will be willing to serve per school site.</p> <p>2,000</p>

8. Service Area	<p><i>Please list the district(s) and school(s) in which you are able to provide services.</i></p> <p>District(s): <u>Statewide</u></p> <p>School(s): <u>Statewide</u></p>
9. Geographic Setting	<p><i>Check the setting(s) in which you are prepared to provide services.</i></p> <p><input checked="" type="checkbox"/> Urban</p> <p><input checked="" type="checkbox"/> Rural</p> <p><input checked="" type="checkbox"/> Suburban</p>
10. Place of Service	<p><i>Please check the location(s) that best describes where you deliver services to students.</i></p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Business</p> <p><input type="checkbox"/> Place of religious worship (e.g., church synagogue, mosque, temple)</p> <p><input type="checkbox"/> Community Center</p> <p><input type="checkbox"/> Provider's home</p> <p><input type="checkbox"/> Student's home</p> <p><input checked="" type="checkbox"/> On-line</p> <p>• Accessed from: <u>student's home or community center</u></p> <p><input type="checkbox"/> Other: _____</p> <p>Is this location accessible to handicapped individuals?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)</i></p>
11. Specific Student Populations Served	<p><i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box.</i></p> <p><input checked="" type="checkbox"/> Low-Income students</p> <p><input checked="" type="checkbox"/> Minority students</p> <p><input checked="" type="checkbox"/> Migrant students</p> <p><input checked="" type="checkbox"/> Limited English proficient students</p> <p>Indicate particular language(s) with which you have expertise _____</p> <p><input checked="" type="checkbox"/> Special education students</p> <p><input type="checkbox"/> Other: (describe) _____</p> <p><input type="checkbox"/> Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

12. Type of Organization	<p><i>Please check the category or categories that best describe your organization.</i></p> <p> <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit <input type="checkbox"/> School <input type="checkbox"/> District <input type="checkbox"/> Educational Service Unit <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Faith-Based Organization <input type="checkbox"/> Community Agency <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-line <input checked="" type="checkbox"/> Other (describe) 1 on 1 tutoring up to 5 to 1 _____ </p>
13. Time of Service	<p><i>Check the time(s) that best describe when you deliver services to students.</i></p> <p> <input checked="" type="checkbox"/> Before School <input checked="" type="checkbox"/> After School <input checked="" type="checkbox"/> Weekends <input checked="" type="checkbox"/> Summer <input checked="" type="checkbox"/> Other (holidays) _____ </p>
14. Length of Service	<p><i>Nebraska is requiring providers to deliver a minimum of 18 hours of tutoring service per student for the 2015-2016 school years.</i></p> <p><i>(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours)</i></p> <p>We will provide a minimum of 18 hours of tutoring per student or more provided the ppa exceeds 18 hours x \$55. per hour. In such cases students will receive additional hours based on remaining ppa and an hourly rate of \$55.</p> <p><i>(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks)</i></p> <p>9-12 weeks</p> <p><i>(c) Describe how your program will operate (e.g. 60 minutes three times per week)</i></p> <p>1-2 hours per day 2-3 days per week.</p>
15. Cost	<p><i>Provide an average per pupil cost, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a <u>specific</u> description of your pricing structure. Maximum cost per hour of service allowed in Nebraska for the 2015-2016 school year is \$55.00.</i></p> <p>We will provide a minimum of 18 hours of tutoring per student or more provided the ppa exceeds 18 hours x \$55. per hour. In such cases students will receive additional</p>

	hours based on the remaining ppa and an hourly rate of \$55.
16. Diagnostic Assessment	<p><i>Name the instrument that will be used to diagnose skill levels of each individual student.</i></p> <p>STEPS Math Assessment STEPS Reading Assessment STEPS Language Arts Assessment</p>
17. Mode of Instruction	<p><i>Please indicate which keyword(s) best match your program's offerings:</i></p> <p><input checked="" type="checkbox"/> Individual tutoring <input checked="" type="checkbox"/> Small group tutoring <input checked="" type="checkbox"/> On-line <input type="checkbox"/> Computer Assisted</p> <p><i>Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.</i></p> <p>Studentnest.com provides tutoring in Math and English Language Arts/Reading for students in grades K-12. Sessions are pre-scheduled one, two, or three times a week and last either 1 or 2 hours. We provide 1:1 & 5:1 tutoring ratio. Tutoring is administered via computer/laptop/tablet (Apple/Android)/Chromebooks). A pre-assessment determines the student's skill level. A series of exercises aligned with the Vermont Framework of Standards are presented to the student to work online. Students' academic achievement increases approximately 16% after completion.</p>
18(b). Technology	<p><i>If On-line and/or Computer Assisted were checked in the previous box, please complete the following.</i></p> <p><i>a. Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program.</i></p> <p><i>Please see the attached Documentation I.18(b)</i></p> <p><i>b. Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.</i></p> <p>The minimum on-site technical requirements are internet connectivity, computer and headset preferably with microphone. However, if a student needs the education resources, such as computer and internet, Studentnest.com will provide each item for the duration of tutoring. If allowed, the student may keep the computer/tablet if at least 80% of the tutoring was completed.</p>

	<p><i>c. How will you provide orientation and consultation with the school staff, students, and parents?</i></p> <p>Parents will receive paper instructions by mail or in person on how to access the studentnest.com website and to log into their student account. Once the parent and/or student log into the first session the tutor will provide live instruction on utilizing the portals tools. If a parent or student needs additional technical support our online live tech support feature is available via www.studentnest.com 24 hours a day 7 days a week or by toll free telephone tech support M-F from 9:00 a.m. to 10:00 p.m. and Sat-Sun 9:00 a.m. to 6:30 p.m.</p> <p><i>d. How will you provide continuous on-site support to participating students?</i></p> <p>Since we tutor online, SN tutors reside in various states across the nation. If a district requests onsite support, such as a supervisor in a computer lab, we will hire a local supervisor to provide support during sessions. Participating students receive paper instructions by mail or in person on how to access the Studentnest.com website and attend sessions. Upon students first session their tutor will explain tools of the virtual platform verbally and provide continued support as needed. We also have tech support available via studentnest.com live chat 24 hours a day 7 days a week and telephone tech support people during office hours.</p>
<p>18. Student/Instructor Ratio</p>	<p><i>List the ratio of instructors to children in your program.</i></p> <p><u>1 student</u> for every 1 instructor or in small groups of up to <u>5 students</u> for every 1 instructor.</p>
<p>19. SES Services in other States</p>	<p><i>Have you provided SES services in other states?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If you have provided SES services in other states, has your program ever been removed from the list of approved providers?</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>20. In-state parent/district support for services</p>	<p><i>Do you plan on providing an in-state representative to work directly with parents and districts?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

I. BASIC PROGRAM INFORMATION

Please check one:

- ☒ Established, research based program: **Applying for Approval**
☐ Newly developed program: **Applying for Year 1 Conditional Approval** (For any of the following items that cannot be completed, mark with NA.)

1. Program Name	Sylvan Beginning Reading (SBR) Sylvan Academic Reading (SAR) Sylvan Math Essentials (SME) Sylvan Advanced Math (SAM) Sylvan Geometry Sylvan Algebra II Sylvan Academic Writing (SAW)
2. Federal EIN or Social Security Number	91-1813517 and 72-1568015 Partners in Learning, Inc. Brighter Futures, LLC
3. Subject Areas and Grade Levels Able to Serve	<p><i>Please check subject areas and list grade levels you address in working with students.</i></p> <p><input checked="" type="checkbox"/> Reading Grades: K-12 <input checked="" type="checkbox"/> Language Arts Grades: K-12 <input checked="" type="checkbox"/> Mathematics Grades: K-8 <input checked="" type="checkbox"/> Other(Specify) Grades 9-12: Algebra/Geometry/Advanced Math</p>
4. Grade Levels and Subject Areas Currently Served	<p><i>Please list subject areas and the grade levels of your students currently served.</i></p> <p>Sylvan Beginning Reading – Grades pre-K through 1st Sylvan Academic Reading – Grades 2nd through 12th Sylvan Academic Writing – Grades 2nd through 12th Sylvan Math Essentials – Grades K through 8th Sylvan Advanced Math – (Pre-Algebra & Algebra) Grades 8th & 9th Sylvan Study Skills – Grades 4th through 12th Algebra II, Geometry, Pre-Calculus & College Math Homework Support – Grades 4th through 12th (and college)</p>
5. Date SSP Formed	<p><i>Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.</i></p> <p>Lincoln – May, 1986 Columbus – September, 1996 Grand Island – July, 1997 Norfolk – January 1998 Kearney – June, 1999</p>

North Platte – February, 2008
Omaha Metro Area– May, 1984

6. Number of Students Currently Served

Please provide the number of students you currently serve, by subject and grade level.

SUBJECT	K	1	2	3	4	5	6	7	8	9	10	11	12
Beginning Reading	13	10	1	-	-	-	-	-	-	-	-	-	-
Academic Reading	-	15	42	44	41	40	17	8	7	3	3	2	0
Math Essentials	1	13	20	28	19	34	14	9	8	9	7	4	-
Writing	-	-	-	2	3	2	2	0	0	0	0	-	-
Algebra	-	-	-	-	-	-	-	-	3	2	1	1	1
Geometry	-	-	-	-	-	-	-	-	-	0	3	0	-
Homework Support	-	-	-	-	-	-	-	-	6	5	4	3	2
ACT College Prep	-	-	-	-	-	-	-	-	-	-	3	14	5

7. Minimum/Maximum Number of Students Able to Serve

Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.

does not have a minimum number of students who must be enrolled. Our programs are individualized and students attend Sylvan programs based on their family schedules.

Please indicate the maximum number of students you will be willing to serve per school site.

For in-center services, Sylvan is able to accommodate 36 students per hour in the Lincoln and Omaha centers; and 15 students per hour in Grand Island, Kearney, North Platte, Columbus and Norfolk.

For in-school services, we are able to accommodate 40 students per hour after school.

8. Service Area	<p><i>Please list the district(s) and school(s) in which you are able to provide services.</i></p> <p>District(s): Omaha, Bellevue, Millard, Lincoln, Grand Island, Kearney, Norfolk, North Platte, Columbus & surrounding districts</p> <p>School(s): Elementary, Middle & High Schools within the above designated districts and surrounding districts</p>
9. Geographic Setting	<p><i>Check the setting(s) in which you are prepared to provide services.</i></p> <p><input checked="" type="checkbox"/> Urban</p> <p><input checked="" type="checkbox"/> Rural</p> <p><input checked="" type="checkbox"/> Suburban</p>
10. Place of Service	<p><i>Please check the location(s) that best describes where you deliver services to students.</i></p> <p><input checked="" type="checkbox"/> School</p> <p><input checked="" type="checkbox"/> Business</p> <p><input type="checkbox"/> Place of religious worship (e.g., church synagogue, mosque, temple)</p> <p><input checked="" type="checkbox"/> Community Center</p> <p><input type="checkbox"/> Provider's home</p> <p><input type="checkbox"/> Student's home</p> <p><input type="checkbox"/> On-line</p> <p>• Accessed from: _____</p> <p><input type="checkbox"/> Other: _____</p> <p>Is this location accessible to handicapped individuals?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)</i></p> <p><i>Sylvan does not provide transportation to or from SES instruction.</i></p>

11. Specific Student Populations Served	<p><i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box.</i></p> <p><input checked="" type="checkbox"/> Low-Income students</p> <p><input checked="" type="checkbox"/> Minority students</p> <p><input checked="" type="checkbox"/> Migrant students</p> <p><input checked="" type="checkbox"/> Limited English proficient students</p> <p>Indicate particular language(s) with which you have expertise Spanish _____</p> <p><input checked="" type="checkbox"/> Special education students</p> <p><input type="checkbox"/> Other: (describe) _____</p> <p><input type="checkbox"/> Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
12. Type of Organization	<p><i>Please check the category or categories that best describe your organization.</i></p> <p><input checked="" type="checkbox"/> For Profit</p> <p><input type="checkbox"/> Not for Profit</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> District</p> <p><input type="checkbox"/> Educational Service Unit</p> <p><input type="checkbox"/> Institution of Higher Education</p> <p><input type="checkbox"/> Faith-Based Organization</p> <p><input type="checkbox"/> Community Agency</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> On-line</p> <p><input type="checkbox"/> Other (describe) _____</p>
13. Time of Service	<p><i>Check the time(s) that best describe when you deliver services to students.</i></p> <p><input type="checkbox"/> Before School</p> <p><input checked="" type="checkbox"/> After School</p> <p><input checked="" type="checkbox"/> Weekends</p> <p><input checked="" type="checkbox"/> Summer</p> <p><input type="checkbox"/> Other</p>
14. Length of Service	<p><i>Nebraska is requiring providers to deliver a minimum of 18 hours of tutoring service per student for the 2015-2016 school year.</i></p> <p><i>(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours)</i></p> <p>Sylvan's programs provide sessions at the district's PPA divided by our \$55 hourly rate of personal instruction. Sylvan provides complimentary Pre and Post testing for students.</p>

	<p>(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks) <i>We estimate that students will attend for 5-8 weeks and attend approximately 4 hours per week.</i></p> <p>(c) Describe how your program will operate (e.g. 60 minutes three times per week) Students will attend either two hours, two days per week or four hours, one day per week. One-hour sessions are also available. Sylvan's programs are individually designed and students can easily makeup sessions missed due to absence. Most of our students attend two-hour sessions after school; however, two, three, or four hours on a Saturday morning has proved to be successful, as well.</p>
15. Cost	<p><i>Provide an average <u>per pupil cost</u>, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a <u>specific</u> description of your pricing structure. Maximum cost per hour of service allowed in Nebraska for the 2015-2016 school year is \$55.00.</i></p> <p>Sylvan's average per pupil cost is \$1150. This includes about 20 hours of instruction plus monthly parent and school conferences, pretesting, post-testing, motivation program (Sylvan Store), and all administrative costs. All pretest and post-test results are reported to both the parent and school personnel. Additional instructional hours @ \$55 per hour are available after the initial program hours. All contracts are negotiable by school districts and according to school PPA.</p>
16. Diagnostic Assessment	<p><i>Name the instrument that will be used to diagnose skill levels of each individual student.</i></p> <p>Sylvan Learning Centers use the Renaissance Learning STAR assessments to pre-test and post-test skill levels of each individual student and measure the effectiveness of our Academic Reading & Math Essential programs. The new STAR 360 is a comprehensive K12 assessment solution, allowing educators to screen and group students for targeted instruction, measure student growth, predict performance on summative exams, and monitor achievement on Common Core or state standards.</p> <p>Renaissance Learning is the world's leading provider of computer-based assessment technology, with products in use worldwide in grades pre-K-12. Renaissance Learning tools have a research base unmatched by makers of other educational products and have met the</p>

	<p>highest review standards set by reputable organizations such as the National Center on Intensive Intervention, the National Center on Response to Intervention, National Center on Student Progress Monitoring, the National Dropout Prevention Center, the Promising Practices Network, and the What Works Clearinghouse.</p>
17. Mode of Instruction	<p><i>Please indicate which keyword(s) best match your program's offerings:</i></p> <p><input checked="" type="checkbox"/> Individual tutoring "Sylvan In-Center Tutoring 3:1 student to teacher model"</p> <p><input checked="" type="checkbox"/> Small group tutoring "Sylvan In-center Program 3:1" & "ACE IT! 8:1"</p> <p><input type="checkbox"/> On-line</p> <p><input type="checkbox"/> Computer Assisted</p> <p><i>Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.</i></p> <ul style="list-style-type: none"> • "Sylvan In-center Programs ensure every student develops the skills, habits, and attitudes for lifelong success. Our locally owned centers will conduct the Sylvan Skills Assessment as the first, and most important, step that will identify each child's learning style and pinpoint "skill gaps" or areas of academic struggles. Our highly trained, caring, and expert instructors teach each lesson in a way that makes it easier for students to master the material. During monthly conferences, we will keep both parents and school personnel informed of student progress. We understand the needs of busy families and provide convenient, flexible business hours after school and Saturday mornings."
18(b). Technology	<p><i>If On-line and/or Computer Assisted were checked in the previous box, please complete the following.</i></p> <p><i>a. Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. Mark as Documentation I.18(b)</i></p> <p><i>b. Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.</i></p> <p><i>c. How will you provide orientation and consultation with the school staff, students, and parents?</i></p> <p><i>d. How will you provide continuous on-site support to participating students?</i></p> <p>Sylvan Corporate requires each center have high speed internet access to a professional business server and at least two networked computers with adequate memory to support our main software programs: Symplicity™ and IMPACT. Each center follows the</p>

	<p>requirements set per our license agreement and mandated Quality Assurance Review.</p> <p>Sylvan Learning Centers use two main software applications to operate; Symplicity™(CRM portal) and IMPACT (Digital curriculum management). Symplicity™ is used to manage inquiry information, manage student and guardian information, make appointments for assessments and conferences, schedule student sessions and track attendance, bill and accept payments, and produce center business metrics.</p> <p>IMPACT is a powerful software tool that delivers automated student assessments, records manual assessments, prints all conference forms and parent notebook information, prepares student profiles and our digital curriculum platform.</p>
18. Student/Instructor Ratio	<p><i>List the ratio of instructors to children in your program.</i></p> <p>3 students for every 1 instructor (Sylvan In-Center)</p> <p>OR</p> <p>8 students for every 1 instructor (ACE IT! In-School Program)</p>
19. SES Services in other States	<p><i>Have you provided SES services in other states?</i></p> <p><input checked="" type="checkbox"/> Yes Sylvan services approved in 42 states</p> <p><input type="checkbox"/> No</p> <p><i>If you have provided SES services in other states, has your program ever been removed from the list of approved providers?</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
20. In-state parent/district support for services	<p><i>Do you plan on providing an in-state representative to work directly with parents and districts?</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

I. BASIC PROGRAM INFORMATION

Please check one:

- ☒ Established, research based program: **Applying for Approval**
☐ Newly developed program: **Applying for Year 1 Conditional Approval** (For any of the following items that cannot be completed, mark with NA.)

1. Program Name	TC Tech Tutor, LLC
2. Federal EIN or Social Security Number	45-1263805
3. Subject Areas and Grade Levels Able to Serve	<p>Please check subject areas and list grade levels you address in working with students.</p> <p><input type="checkbox"/> Reading Grades _____</p> <p><input type="checkbox"/> Language Arts Grades _____</p> <p><input checked="" type="checkbox"/> Mathematics Grades <u>K-12</u></p> <p><input type="checkbox"/> Other (Specify) _____ Grades _____</p>
4. Grade Levels and Subject Areas Currently Served	<p>Please list subject areas and the grade levels of your students currently served.</p> <p>Math K-12</p>
5. Date SSP Formed	<p>Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.</p> <p>09/2011</p>
6. Number of Students Currently Served	<p>Please provide the number of students you currently serve, by subject and grade level.</p> <p>Grade K-10/Math</p> <p>Grade 1- 15/Math</p> <p>Grade 2-40/Math</p> <p>Grade 3- 29/Math Grade 6-10/Math</p> <p>Grade 4- 40/Math Grade 9-15/Math</p> <p>Grade 5- 51/Math Grade 10-9/Math</p>
7. Minimum/Maximum Number of Students Able to Serve	<p>Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.</p> <p>1</p> <p>Please indicate the maximum number of students you will be willing to serve per school site.</p> <p>200</p>
8. Service Area	<p>Please list the district(s) and school(s) in which you are able to provide services.</p> <p>District(s): All _____</p> <p>School(s): All _____</p>
9. Geographic Setting	Check the setting(s) in which you are prepared to provide

	<p><i>services.</i></p> <p><input checked="" type="checkbox"/> Urban</p> <p><input checked="" type="checkbox"/> Rural</p> <p><input checked="" type="checkbox"/> Suburban</p>
10. Place of Service	<p><i>Please check the location(s) that best describes where you deliver services to students.</i></p> <p><input checked="" type="checkbox"/> School</p> <p><input type="checkbox"/> Business</p> <p><input type="checkbox"/> Place of religious worship (e.g., church synagogue, mosque, temple)</p> <p><input type="checkbox"/> Community Center</p> <p><input type="checkbox"/> Provider's home</p> <p><input checked="" type="checkbox"/> Student's home</p> <p><input checked="" type="checkbox"/> On-line</p> <p>• Accessed from: <u>www.studyisland.com</u></p> <p><input checked="" type="checkbox"/> Other: <u>Library locations</u></p> <p>Is this location accessible to handicapped individuals?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)</i></p> <p><i>The program will provide contracted commercially licensed transportation as needed to parents. Otherwise, parents will provide their own transportation.</i></p>
11. Specific Student Populations Served	<p><i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box.</i></p> <p><input checked="" type="checkbox"/> Low-Income students</p> <p><input checked="" type="checkbox"/> Minority students</p> <p><input checked="" type="checkbox"/> Migrant students</p> <p><input type="checkbox"/> Limited English proficient students</p> <p>Indicate particular language(s) with which you have expertise _____</p> <p><input type="checkbox"/> Special education students</p> <p><input type="checkbox"/> Other: (describe) _____</p> <p><input type="checkbox"/> Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

12. Type of Organization	<p><i>Please check the category or categories that best describe your organization.</i></p> <p> <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit <input type="checkbox"/> School <input type="checkbox"/> District <input type="checkbox"/> Educational Service Unit <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Faith-Based Organization <input type="checkbox"/> Community Agency <input type="checkbox"/> Individual <input type="checkbox"/> On-line <input type="checkbox"/> Other (describe) _____ </p>
13. Time of Service	<p><i>Check the time(s) that best describe when you deliver services to students.</i></p> <p> <input checked="" type="checkbox"/> Before School <input checked="" type="checkbox"/> After School <input checked="" type="checkbox"/> Weekends <input checked="" type="checkbox"/> Summer <input type="checkbox"/> Other </p>
14. Length of Service	<p><i>Nebraska is requiring providers to deliver a minimum of 18 hours of tutoring service per student for the 2015-2016 school year.</i></p> <p> <i>(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours)</i> <i>(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks)</i> <i>(c) Describe how your program will operate (e.g. 60 minutes three times per week)</i> </p> <p> (a) The program provides 20 to 30 hours of tutoring. (b) The length of operation per student is 7-9 weeks long. (c) The program offers 2 sessions a week for 90 minutes. </p>
15. Cost	<p><i>Provide an average per pupil cost, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a <u>specific</u> description of your pricing structure. Maximum cost per hour of service allowed in Nebraska for the 2015-2016 school year is \$55.00.</i></p> <p>The program's pricing structure is to charge \$55/per hour. The program provides a minimum of 20 hours of tutoring to each student and extends additional hours until the maximum District PPA is met. The hourly rate is adjusted as needed to ensure a minimum of 20 hours is provided. I.E. (Sample District PPA: \$900, the hourly rate would be adjusted to \$45 per hour to provide 20 hours)</p>
16. Diagnostic Assessment	<p><i>Name the instrument that will be used to diagnose skill levels of each individual student.</i></p> <p>The Study Island Pre-Test Instrument will be used to diagnose skill levels of each individual student during initial administration.</p>

17. Mode of Instruction	<p><i>Please indicate which keyword(s) best match your program's offerings:</i></p> <p> <input checked="" type="checkbox"/> Individual tutoring <input checked="" type="checkbox"/> Small group tutoring <input checked="" type="checkbox"/> On-line <input checked="" type="checkbox"/> Computer Assisted </p> <p><i>Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.</i></p> <p>TC Tech Tutor has provided specialized tutoring that is personalized to the student's needs for nearly 7 years. We are Math Specialists providing Math tutoring for students in grades K-12. Personalization is given to your student on every level through individualized instruction which is delivered online in the convenience in your own home or in person on site with provided transportation. With either option, your student will receive dynamic, interactive instruction utilizing a computer and whiteboard.</p>
18(b). Technology	<p><i>If On-line and/or Computer Assisted were checked in the previous box, please complete the following.</i></p> <p>a. <i>Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. Mark as Documentation I.18(b)</i></p> <p>b. <i>Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.</i></p> <p>c. <i>How will you provide orientation and consultation with the school staff, students, and parents?</i></p> <p>d. <i>How will you provide continuous on-site support to participating students?</i></p> <p> a. Documentation I.18(b)- Proof of Software Ownership b. Computer, Internet Access and Headset c. Orientation is held in person on the school's site or at a library location d. Both management and in person technical support is available locally to assist at the site of tutoring (at the school location, library or home location) in order to support participating students. </p>
18. Student/Instructor Ratio	<p><i>List the ratio of instructors to children in your program.</i></p> <p>students for every 1 instructor <u>1:1 or 1:5</u></p>
19. SES Services in other States	<p><i>Have you provided SES services in other states?</i></p> <p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p>

	<p><i>If you have provided SES services in other states, has your program ever been removed from the list of approved providers?</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>20. In-state parent/district support for services</p>	<p><i>Do you plan on providing an in-state representative to work directly with parents and districts?</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
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I. BASIC PROGRAM INFORMATION

Please check one:

- ☒ Established, research based program: **Applying for Approval**
☐ Newly developed program: **Applying for Year 1 Conditional Approval** (For any of the following items that cannot be completed, mark with NA.)

1. Program Name	TEAMS Educational Center/Tutoring
2. Federal EIN or Social Security Number	47-0835145
3. Subject Areas and Grade Levels Able to Serve	<p>Please check subject areas and list grade levels you address in working with students.</p> <p><input checked="" type="checkbox"/> Reading Grades 1-12 _____</p> <p><input checked="" type="checkbox"/> Language Arts Grades 1-12 _____</p> <p><input checked="" type="checkbox"/> Mathematics Grades 1-9 _____</p> <p><input type="checkbox"/> Other (Specify) _____ Grades _____</p>
4. Grade Levels and Subject Areas Currently Served	<p>Please list subject areas and the grade levels of your students currently served.</p> <p>Reading and Math/Elementary –Middle School</p>
5. Date SSP Formed	<p>Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.</p> <p>September 2000</p>
6. Number of Students Currently Served	<p>Please provide the number of students you currently serve, by subject and grade level.</p> <p>Math, two students, fifth and eighth grade</p> <p>Reading, two students, second and third grade</p>
7. Minimum/Maximum Number of Students Able to Serve	<p>Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.</p> <p>8 students</p> <p>Please indicate the maximum number of students you will be willing to serve per school site.</p> <p>25 Students</p>
8. Service Area	<p>Please list the district(s) and school(s) in which you are able to provide services.</p> <p>District(s): Lancaster _____</p> <p>School(s): Calvert, Zeman and Lefler schools _____</p>
9. Geographic Setting	Check the setting(s) in which you are prepared to provide

	<p>services.</p> <p><input checked="" type="checkbox"/> Urban</p> <p><input type="checkbox"/> Rural</p> <p><input type="checkbox"/> Suburban</p>
10. Place of Service	<p><i>Please check the location(s) that best describes where you deliver services to students.</i></p> <p><input type="checkbox"/> School</p> <p><input checked="" type="checkbox"/> Business</p> <p><input type="checkbox"/> Place of religious worship (e.g., church synagogue, mosque, temple)</p> <p><input type="checkbox"/> Community Center</p> <p><input type="checkbox"/> Provider's home</p> <p><input type="checkbox"/> Student's home</p> <p><input type="checkbox"/> On-line</p> <p>• Accessed from: _____</p> <p><input type="checkbox"/> Other: _____</p> <p>Is this location accessible to handicapped individuals?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)</i></p> <p><i>Parents provide transportation.</i></p>
11. Specific Student Populations Served	<p><i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box.</i></p> <p><input checked="" type="checkbox"/> Low-Income students</p> <p><input checked="" type="checkbox"/> Minority students</p> <p><input checked="" type="checkbox"/> Migrant students</p> <p><input type="checkbox"/> Limited English proficient students</p> <p>Indicate particular language(s) with which you have expertise _____</p> <p><input type="checkbox"/> Special education students</p> <p><input checked="" type="checkbox"/> Other: (describe) Hearing Impaired _____</p> <p><input type="checkbox"/> Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

12. Type of Organization	<p><i>Please check the category or categories that best describe your organization.</i></p> <p><input type="checkbox"/> For Profit</p> <p><input checked="" type="checkbox"/> Not for Profit</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> District</p> <p><input checked="" type="checkbox"/> Educational Service Unit</p> <p><input type="checkbox"/> Institution of Higher Education</p> <p><input type="checkbox"/> Faith-Based Organization</p> <p><input type="checkbox"/> Community Agency</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> On-line</p> <p><input type="checkbox"/> Other (describe) _____</p>
13. Time of Service	<p><i>Check the time(s) that best describe when you deliver services to students.</i></p> <p><input type="checkbox"/> Before School</p> <p><input checked="" type="checkbox"/> After School</p> <p><input type="checkbox"/> Weekends</p> <p><input checked="" type="checkbox"/> Summer</p> <p><input type="checkbox"/> Other</p>
14. Length of Service	<p><i>Nebraska is requiring providers to deliver a minimum of 18 hours of tutoring service per student for the 2015-2016 school year.</i></p> <p>(a) <i>Describe the total number of hours tutoring will be provided (e.g. 40 hours) 20 hours</i></p> <p>(b) <i>Describe the length of time you estimate your program will operate (e.g. 15 weeks) Monday – Thursday 2015-2016 45 weeks includes summer</i></p> <p>(c) <i>Describe how your program will operate (e.g. 60 minutes three times per week) 60 minutes twice per week for each child</i></p>
15. Cost	<p><i>Provide an average per pupil cost, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a <u>specific</u> description of your pricing structure. Maximum cost per hour of service allowed in Nebraska for the 2015-2016 school year is \$55.00.</i></p> <p><i>Tutoring service is \$35.00 per one hour session per student</i></p>
16. Diagnostic Assessment	<p><i>Name the instrument that will be used to diagnose skill levels of each individual student.</i></p>

	<p><i>A diagnostic grade level pretest and posttest are given to all students who enter the tutoring program. The Alpha-Omega Diagnostic Tests in reading and math.</i></p>
17. Mode of Instruction	<p><i>Please indicate which keyword(s) best match your program's offerings:</i></p> <p> <input checked="" type="checkbox"/> Individual tutoring <input type="checkbox"/> Small group tutoring <input type="checkbox"/> On-line <input type="checkbox"/> Computer Assisted </p> <p><i>Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.</i></p> <p> Tutoring for elementary and middle school students Reading readiness for each student Math proficiency for each student </p>
18(b). Technology	<p><i>If On-line and/or Computer Assisted were checked in the previous box, please complete the following.</i></p> <p> <i>a. Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. Mark as Documentation I.18(b)</i> <i>b. Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.</i> <i>c. How will you provide orientation and consultation with the school staff, students, and parents?</i> <i>d. How will you provide continuous on-site support to participating students?</i> </p> <p> We computer on site that students can use We will have parent and teacher conferences regularly Student will be require to do their assignments on sight Before they go home </p>
18. Student/Instructor Ratio	<p><i>List the ratio of instructors to children in your program.</i></p> <p>1 student to every 1 instructor</p>

19. SES Services in other States	<p><i>Have you provided SES services in other states?</i> <input type="checkbox"/> Yes x<input checked="" type="checkbox"/> No</p> <p><i>If you have provided SES services in other states, has your program ever been removed from the list of approved providers?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
20. In-state parent/district support for services	<p><i>Do you plan on providing an in-state representative to work directly with parents and districts?</i> x<input type="checkbox"/> Yes <input type="checkbox"/> No</p>

I. BASIC PROGRAM INFORMATION

Please check one:

☒ Established, research based program: **Applying for Approval**

☐ Newly developed program: **Applying for Year 1 Conditional Approval** (For any of the following items that cannot be completed, mark with NA.)

1. Program Name	The Marian School LLC
2. Federal EIN or Social Security Number	45-4260162
3. Subject Areas and Grade Levels Able to Serve	<p><i>Please check subject areas and list grade levels you address in working with students.</i></p> <p><input checked="" type="checkbox"/> Reading Grades K-12</p> <p><input checked="" type="checkbox"/> Language Arts Grades K-12</p> <p><input checked="" type="checkbox"/> Mathematics Grades K-12</p> <p><input type="checkbox"/> Other (Specify) _____ Grades _____</p>
4. Grade Levels and Subject Areas Currently Served	<p><i>Please list subject areas and the grade levels of your students currently served.</i></p> <p>K-12 Reading, Language Arts and Math.</p>
5. Date SSP Formed	<p><i>Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.</i></p> <p>October 2012</p>
6. Number of Students Currently Served	<p><i>Please provide the number of students you currently serve, by subject and grade level.</i></p> <p>Reading: K=9, 1st=10, 2nd=36, 3rd=42, 4th=22, 5th=22, 6th=4, 7th=4, 8th=3, 9th=0, 10th=0, 11th=0, 12th=0</p> <p>Math: K=0, 1st=5, 2nd=2, 3rd=6, 4th=8, 5th=7, 6th=4, 7th=10, 8th=11, 9th=0, 10th=1, 11th=1, 12th=0</p>
7. Minimum/Maximum Number of Students Able to Serve	<p><i>Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.</i></p> <p>5 minimum-200 maximum per site</p> <p><i>Please indicate the maximum number of students you will be willing to serve per school site.</i></p>

8. Service Area	<p><i>Please list the district(s) and school(s) in which you are able to provide services.</i></p> <p>District(s): <u>Omaha, Lincoln and surrounding school districts</u></p> <p>School(s): _____</p>
9. Geographic Setting	<p><i>Check the setting(s) in which you are prepared to provide services.</i></p> <p><input checked="" type="checkbox"/> Urban</p> <p><input checked="" type="checkbox"/> Rural</p> <p><input checked="" type="checkbox"/> Suburban</p>
10. Place of Service	<p><i>Please check the location(s) that best describes where you deliver services to students.</i></p> <p><input checked="" type="checkbox"/> School</p> <p><input checked="" type="checkbox"/> Business</p> <p><input checked="" type="checkbox"/> Place of religious worship (e.g., church synagogue, mosque, temple)</p> <p><input checked="" type="checkbox"/> Community Center</p> <p><input type="checkbox"/> Provider's home</p> <p><input checked="" type="checkbox"/> Student's home</p> <p><input checked="" type="checkbox"/> On-line</p> <p>• Accessed from: _____</p> <p><input type="checkbox"/> Other: _____</p> <p>Is this location accessible to handicapped individuals?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)</i></p> <p>Transportation is the responsibility of the parents of the student.</p>

11. Specific Student Populations Served	<p><i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box.</i></p> <p><input checked="" type="checkbox"/> Low-Income students</p> <p><input checked="" type="checkbox"/> Minority students</p> <p><input checked="" type="checkbox"/> Migrant students</p> <p><input checked="" type="checkbox"/> Limited English proficient students</p> <p>Indicate particular language(s) with which you have expertise <u>We have experience with students who speak Spanish, Arabic, and Karen and translators who speak those languages</u></p> <p><input checked="" type="checkbox"/> Special education students</p> <p><input type="checkbox"/> Other: (describe) _____</p> <p><input type="checkbox"/> Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
12. Type of Organization	<p><i>Please check the category or categories that best describe your organization.</i></p> <p><input checked="" type="checkbox"/> For Profit</p> <p><input type="checkbox"/> Not for Profit</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> District</p> <p><input type="checkbox"/> Educational Service Unit</p> <p><input type="checkbox"/> Institution of Higher Education</p> <p><input type="checkbox"/> Faith-Based Organization</p> <p><input type="checkbox"/> Community Agency</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> On-line</p> <p><input type="checkbox"/> Other (describe) _____</p>
13. Time of Service	<p><i>Check the time(s) that best describe when you deliver services to students.</i></p> <p><input checked="" type="checkbox"/> Before School</p> <p><input checked="" type="checkbox"/> After School</p> <p><input checked="" type="checkbox"/> Weekends</p> <p><input checked="" type="checkbox"/> Summer</p> <p><input type="checkbox"/> Other</p>
14. Length of Service	<p><i>Nebraska is requiring providers to deliver a min of 18 hrs of tutoring service per student for the 2015-2016 school year.</i></p> <p>(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours) 20-30 hours</p> <p>(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks) 6-12 weeks</p> <p>(c) Describe how your program will operate (e.g. 60 minutes three times per week)</p>

	We will work with a family or school to determine schedules—often 75 minutes two times weekly.
15. Cost	<p><i>Provide an average per pupil cost, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a <u>specific</u> description of your pricing structure. Maximum cost per hour of service allowed in Nebraska for the 2015-2016 school year is \$55.00.</i></p> <p>Length of a typical unit of service is one hour. Average per pupil cost is \$55 per hour for in-home tutoring or online and \$50 per hour for in school tutoring. Average per pupil cost is \$1300-\$1500.</p>
16. Diagnostic Assessment	<p><i>Name the instrument that will be used to diagnose skill levels of each individual student.</i></p> <ul style="list-style-type: none"> - i-Ready Online Diagnostic Assessment for math and/or reading - Woodcock Reading Mastery Word Attack test for reading - Lexia placement test for reading
17. Mode of Instruction	<p><i>Please indicate which keyword(s) best match your program's offerings:</i></p> <p><input checked="" type="checkbox"/> Individual tutoring <input checked="" type="checkbox"/> Small group tutoring <input checked="" type="checkbox"/> On-line <input type="checkbox"/> Computer Assisted</p> <p><i>Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.</i></p> <p>The Marian School provides small group or individual tutoring with a caring, skilled tutor combined with research-based computerized instruction for an effective blended learning approach. We provide tutoring in schools, in students' homes, or online.</p>
18(b). Technology	<p><i>If On-line and/or Computer Assisted were checked in the previous box, please complete the following.</i></p> <p>a. <i>Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. Mark as Documentation I.18(b)</i></p> <p>See attached</p>

	<p><i>b. Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.</i></p> <p>Minimum technical requirements: Windows or Mac computers Internet connections</p> <p><i>c. How will you provide orientation and consultation with the school staff, students, and parents?</i></p> <p>Orientation training is provided during start-up of the program by Marian School staff for schools, students and parents regarding curriculum, use of curriculum materials computer programs and technology.</p> <p><i>d. How will you provide continuous on-site support to participating students?</i></p> <p>Ongoing support is provided remotely, or in-person when necessary, by Marian School staff for schools, students and parents regarding computer programs and technology.</p>
<p>18. Student/Instructor Ratio</p>	<p><i>List the ratio of instructors to children in your program.</i></p> <p><u>5-6</u> students for every 1 instructor</p>
<p>19. SES Services in other States</p>	<p><i>Have you provided SES services in other states?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If you have provided SES services in other states, has your program ever been removed from the list of approved providers?</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>20. In-state parent/district support for services</p>	<p><i>Do you plan on providing an in-state representative to work directly with parents and districts?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

I. BASIC PROGRAM INFORMATION

Please check one:

☒ Established, research based program: **Applying for Approval**

☐ Newly developed program: **Applying for Year 1 Conditional Approval** (For any of the following items that cannot be completed, mark with NA.)

1. Program Name	ON THE THIRD DAY CHRISTIAN MINISTRIES D/B/A LAUREATE LEARNING CENTER
2. Federal EIN or Social Security Number	71-0865646
3. Subject Areas and Grade Levels Able to Serve	<p><i>Please check subject areas and list grade levels you address in working with students.</i></p> <p><input checked="" type="checkbox"/> Reading Grades <u> K-12 </u></p> <p><input checked="" type="checkbox"/> Language Arts Grades <u> K-12 </u></p> <p><input checked="" type="checkbox"/> Mathematics Grades <u> K-12 </u></p> <p><input type="checkbox"/> Other (Specify) _____ Grades _____</p>
4. Grade Levels and Subject Areas Currently Served	<p><i>Please list subject areas and the grade levels of your students currently served.</i></p> <p>K-12 ELA/Reading and Math</p>
5. Date SSP Formed	<p><i>Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.</i></p> <p>2/22/2002</p>
6. Number of Students Currently Served	<p><i>Please provide the number of students you currently serve, by subject and grade level.</i></p> <p>400</p>
7. Minimum/Maximum Number of Students Able to Serve	<p><i>Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.</i></p> <p>1-30 per District</p> <p><i>Please indicate the maximum number of students you will be willing to serve per school site.</i></p> <p>500-1000 per District</p>

8. Service Area	<p><i>Please list the district(s) and school(s) in which you are able to provide services.</i></p> <p>District(s): _____ Statewide _____</p> <p>School(s): _____ ALL _____</p>
9. Geographic Setting	<p><i>Check the setting(s) in which you are prepared to provide services.</i></p> <p>X Urban</p> <p>X Rural</p> <p>X Suburban</p>
10. Place of Service	<p><i>Please check the location(s) that best describes where you deliver services to students.</i></p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Business</p> <p>X Place of religious worship (e.g., church synagogue, mosque, temple)</p> <p>X Community Center</p> <p><input type="checkbox"/> Provider's home</p> <p>X Student's home</p> <p>X On-line</p> <p>• Accessed from: <u>Computer via Internet</u> _____</p> <p>• <input type="checkbox"/> Other: _____</p> <p>Is this location accessible to handicapped individuals?</p> <p>X Yes <input type="checkbox"/> No</p> <p><i>How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)</i></p> <p><i>Transportation will be addressed with the parents; if parents are not able accommodate the students; provider will contract with a transportation service; i.e. District bus service; or private transportation company</i></p>

	<p><i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box.</i></p> <p>X Low-Income students X Minority students X Migrant students X Limited English proficient students</p> <p>Indicate particular language(s) with which you have expertise _____</p> <p>X Special education students X Other: (describe) <u>Gifted</u></p> <p><i>Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
11. Type of Organization	<p><i>Please check the category or categories that best describe your organization.</i></p> <p><input type="checkbox"/> For Profit <input checked="" type="checkbox"/> Not for Profit <input type="checkbox"/> School <input type="checkbox"/> District <input type="checkbox"/> Educational Service Unit <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Faith-Based Organization <input type="checkbox"/> Community Agency <input type="checkbox"/> Individual <input checked="" type="checkbox"/> On-line <input type="checkbox"/> Other (describe) _____</p>
12. Time of Service	<p><i>Check the time(s) that best describe when you deliver services to students.</i></p> <p><input type="checkbox"/> Before School <input checked="" type="checkbox"/> After School <input checked="" type="checkbox"/> Weekends <input checked="" type="checkbox"/> Summer <input type="checkbox"/> Other</p>
13. Length of Service	<p><i>Nebraska is requiring providers to deliver a minimum of 18 hours of tutoring service per student for the 2015-2016 school year.</i></p> <p>(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours) 30 HOURS</p> <p>(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks) 8-16 WEEKS</p> <p>(c) Describe how your program will operate (e.g. 60</p>

	<i>minutes three times per week Laureate Learning Center Inc. will offer two to three 120 minute sessions per week.</i>
14. Cost	<p><i>Provide an average per pupil cost, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a specific description of your pricing structure. Maximum cost per hour of service allowed in Nebraska for the 2015-2016 school year is \$55.00.</i></p> <p>\$50/PER HOUR; PER STUDENT</p>
15. Diagnostic Assessment	<p><i>Name the instrument that will be used to diagnose skill levels of each individual student.</i></p> <p><i>Laureate Learning Center Inc. will use Study Island's Assessment tools; diagnostic/pre-tests, formative assessments, and post-tests/summative assessments.</i></p> <p><i>Study Island Formative and Summative Assessment</i></p>
16. Mode of Instruction	<p><i>Please indicate which keyword(s) best match your program's offerings:</i></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Individual tutoring <input checked="" type="checkbox"/> Small group tutoring <input checked="" type="checkbox"/> On-line <input checked="" type="checkbox"/> Computer Assisted <p><i>Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.</i></p> <p>(LLCI) research-based program has a proven record of raising the achievement of students in grades K-12 in Language Arts, Math and Science. Pre-test to post-test of 20 percentage points, where a change of 18 percentage points or greater is significant. We offer our services year around Monday-Friday, 4pm-8pm (small group in-person or online), and on Saturday's 10:00am-2:00pm (small group online or one-to-one online).</p>
18(b). Technology	<p><i>If On-line and/or Computer Assisted were checked in the previous box, please complete the following.</i></p> <p><i>a. Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. Mark as Documentation</i></p>

	<p><i>1.18(b)</i></p> <p><i>b. Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.</i></p> <p><i>c. How will you provide orientation and consultation with the school staff, students, and parents?</i></p> <p><i>d. How will you provide continuous on-site support to participating students?</i></p> <p>b) Laureate Learning Center Inc. requires, at minimum, the use of a desk top computer, laptop, or tablet as well as internet capabilities.</p> <p>c) An Enrollment Coordinator will be the first point of contact with parents and will hand all information gathered to the Education Coordinator, who will then arrange phone conferences, virtual meeting time, or on-site meetings to set up, discuss progress, and update student education plans.</p> <p>d) Participating students will have the support of an online tutor who is actively monitoring what they are doing through the use of interactive whiteboard or other screen share technology. Tutor and student will be in constant communication through the use of chat and or phone or conference call.</p>
<p>17. Student/Instructor Ratio</p>	<p><i>List the ratio of instructors to children in your program.</i></p> <p><u>1-3</u> students for every 1 instructor</p>
<p>18. SES Services in other States</p>	<p><i>Have you provided SES services in other states?</i></p> <p>X Yes <input type="checkbox"/> No</p> <p><i>If you have provided SES services in other states, has your program ever been removed from the list of approved providers?</i></p> <p>Yes X No</p>
<p>19. In-state parent/district support for services</p>	<p><i>Do you plan on providing an in-state representative to work directly with parents and districts?</i></p> <p>X Yes <input type="checkbox"/> No</p>

I. BASIC PROGRAM INFORMATION

Please check one:

- ☒ Established, research based program: **Applying for Approval**
☐ Newly developed program: **Applying for Year 1 Conditional Approval** (For any of the following items that cannot be completed, mark with NA.)

1. Program Name	Variations Educational Services
2. Federal EIN or Social Security Number	27-3755818
3. Subject Areas and Grade Levels Able to Serve	<p><i>Please check subject areas and list grade levels you address in working with students.</i></p> <p><input checked="" type="checkbox"/> Reading Grades _____ K-12 _____</p> <p><input checked="" type="checkbox"/> Language Arts Grades _____ K-12 _____</p> <p><input checked="" type="checkbox"/> Mathematics Grades _____ K-12 _____</p> <p><input type="checkbox"/> Other (Specify) _____ Grades _____</p>
4. Grade Levels and Subject Areas Currently Served	<p><i>Please list subject areas and the grade levels of your students currently served. ELA/Reading/Math-K-12</i></p>
5. Date SSP Formed	<p><i>Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.</i></p> <p>September 2010</p>
6. Number of Students Currently Served	<p><i>Please provide the number of students you currently serve, by subject and grade level.</i></p> <p>Approximately 1200 students in grades K-12 in Math/ELA/Reading</p>
7. Minimum/Maximum Number of Students Able to Serve	<p><i>Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services. 1 student</i></p>

	<p><i>Please indicate the maximum number of students you will be willing to serve per school site.</i></p> <p>5000 students</p>
8. Service Area	<p><i>Please list the district(s) and school(s) in which you are able to provide services.</i></p> <p>District(s): All Districts</p> <p>School(s): All Schools</p>
9. Geographic Setting	<p><i>Check the setting(s) in which you are prepared to provide services.</i></p> <p><input checked="" type="checkbox"/> Urban</p> <p><input checked="" type="checkbox"/> Rural</p> <p><input checked="" type="checkbox"/> Suburban</p>
10. Place of Service	<p><i>Please check the location(s) that best describes where you deliver services to students.</i></p> <p><input checked="" type="checkbox"/> School</p> <p><input type="checkbox"/> Business</p> <p><input type="checkbox"/> Place of religious worship (e.g., church synagogue, mosque, temple)</p> <p><input checked="" type="checkbox"/> Community Center</p> <p><input type="checkbox"/> Provider's home</p> <p><input type="checkbox"/> Student's home</p> <p><input type="checkbox"/> On-line</p> <p>• Accessed from: Study Island</p> <p><input type="checkbox"/> Other: _____</p> <p>Is this location accessible to handicapped individuals?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)</i></p>

11. Specific Student Populations Served	<p><i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box.</i></p> <p> <input checked="" type="checkbox"/> Low-Income students <input checked="" type="checkbox"/> Minority students <input checked="" type="checkbox"/> Migrant students <input checked="" type="checkbox"/> Limited English proficient students </p> <p>Indicate particular language(s) with which you have expertise Spanish, French _____</p> <p> <input checked="" type="checkbox"/> Special education students <input type="checkbox"/> Other: (describe) _____ <input type="checkbox"/> Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>
12. Type of Organization	<p><i>Please check the category or categories that best describe your organization.</i></p> <p> <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit <input type="checkbox"/> School <input type="checkbox"/> District <input type="checkbox"/> Educational Service Unit <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Faith-Based Organization <input type="checkbox"/> Community Agency <input checked="" type="checkbox"/> Individual <input type="checkbox"/> On-line <input type="checkbox"/> Other (describe) _____ </p>
13. Time of Service	<p><i>Check the time(s) that best describe when you deliver services to students.</i></p> <p> <input checked="" type="checkbox"/> Before School <input checked="" type="checkbox"/> After School <input checked="" type="checkbox"/> Weekends <input checked="" type="checkbox"/> Summer <input type="checkbox"/> Other </p>
14. Length of Service	<p><i>Nebraska is requiring providers to deliver a minimum of 18 hours of tutoring service per student for the 2015-2016 school year.</i></p> <p><i>(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours)</i></p> <p><i>(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks)</i></p>

	<p>(c) Describe how your program will operate (e.g. 60 minutes three times per week)</p> <p>a. 24 Hours</p> <p>b. 6 weeks</p> <p>c. 2 hours twice per week</p>
<p>15. Cost</p>	<p>Provide an average <u>per pupil cost</u>, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a <u>specific</u> description of your pricing structure. Maximum cost per hour of service allowed in Nebraska for the 2015-2016 school year is \$55.00.</p> <p>The cost for tutoring is \$50 per hour per student. Therefore, the base program is about 2 hours, twice weekly; for a total of \$200 per week or \$800 per month.</p>
<p>16. Diagnostic Assessment</p>	<p>Name the instrument that will be used to diagnose skill levels of each individual student.</p> <p>Study Island Learning System will be used to administer diagnostic assessments for each student.</p>
<p>17. Mode of Instruction</p>	<p>Please indicate which keyword(s) best match your program's offerings:</p> <p><input checked="" type="checkbox"/> Individual tutoring</p> <p><input checked="" type="checkbox"/> Small group tutoring</p> <p><input checked="" type="checkbox"/> On-line</p> <p><input type="checkbox"/> Computer Assisted</p> <p>Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.</p>

	<p>We use Study Island curriculum and a blended approach to extend the possible contact hours with students combining 1:1 and online. We provide 1:1 or small group in Math \$60 per hour. Flexible sessions based on parent-student need 7 days a week. Instructors are certified teachers and paraprofessionals with a Bachelors or higher degree.</p>
<p>18(b). Technology</p>	<p><i>If On-line and/or Computer Assisted were checked in the previous box, please complete the following.</i></p> <ul style="list-style-type: none"> <i>a. Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. Mark as Documentation I.18(b)</i> <i>b. Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.</i> <i>c. How will you provide orientation and consultation with the school staff, students, and parents?</i> <i>d. How will you provide continuous on-site support to participating students?</i> <p>b. Student will receive a handheld computer device to operate the online learning system. Internet will be provided during time of service.</p> <p>c. Students, parents, and school staff receive constant and systematic feedback about the student's academic or linguistic progress through reports tailored to provide a detailed summary of the student's current progress as of report date. We provide three main reports: automatically generated online reports, tutor generated progress report, and an entire program summary report. The automatically reports represent the students' progress on completing all online content. This report shows the total time spent on each reporting standard, grades, and standards met or unmet. We usually provide a summary report to the parents on a weekly basis automatically emailed to the parent's email or mailed on a monthly basis to the parent if no email available. In addition, the school staff can also be set up to receive similar reports for all students in the school enrolled</p>

	<p>in our program.</p> <p>d. The tutor generated progress report is summary of sessions, comment on the student's performance, and suggestions of potential areas of improvement. The report is either mailed or emailed to the student, parents, and school staff on a monthly basis. At the end of the program, the parents and school staff are emailed a summary report of the student's performance throughout the entire program.</p>
18. Student/Instructor Ratio	<p><i>List the ratio of instructors to children in your program.</i></p> <p><u> 5 </u> students for every 1 instructor</p>
19. SES Services in other States	<p><i>Have you provided SES services in other states?</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If you have provided SES services in other states, has your program ever been removed from the list of approved providers?</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
20. In-state parent/district support for services	<p><i>Do you plan on providing an in-state representative to work directly with parents and districts?</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

I. BASIC PROGRAM INFORMATION

Please check one:

- ☒ Established, research based program: **Applying for Approval**
☐ Newly developed program: **Applying for Year 1 Conditional Approval** (For any of the following items that cannot be completed, mark with NA.)

1. Program Name	Dispelling Dyslexia Screening & Tutoring Program Voice Advocacy Center
2. Federal EIN or Social Security Number	45-4619431
3. Subject Areas and Grade Levels Able to Serve	Please check subject areas and list grade levels you address in working with students. <input checked="" type="checkbox"/> Reading Grades __k-12_____ <input checked="" type="checkbox"/> Language Arts Grades __k-12_____ <input type="checkbox"/> Mathematics Grades _____ <input checked="" type="checkbox"/> Other (Specify) __Dysgraphia/Writing____ Grades __k-12th
4. Grade Levels and Subject Areas Currently Served	Please list subject areas and the grade levels of your students currently served. k-12 reading and language arts
5. Date SSP Formed	Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students. November 2014-June 2015
6. Number of Students Currently Served	Please provide the number of students you currently serve, by subject and grade level. Reading and Language Arts k-12 th 50 kids
7. Minimum/Maximum Number of Students Able to Serve	Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services. 1 Please indicate the maximum number of students you will be willing to serve per school site. 100

8. Service Area	<p><i>Please list the district(s) and school(s) in which you are able to provide services.</i></p> <p>District(s): Omaha Public, Millard, Ralston, Lincoln, Bellevue, Westside & Papillion</p> <p>School(s): Omaha, Bellevue, Millard, Lincoln, Westside, Ralston, Papillion Schools</p>
9. Geographic Setting	<p><i>Check the setting(s) in which you are prepared to provide services.</i></p> <p><input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Suburban</p>
10. Place of Service	<p><i>Please check the location(s) that best describes where you deliver services to students.</i></p> <p><input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Business <input type="checkbox"/> Place of religious worship (e.g., church synagogue, mosque, temple) <input type="checkbox"/> Community Center <input type="checkbox"/> Provider's home <input type="checkbox"/> Student's home <input type="checkbox"/> On-line</p> <p>• Accessed from: _____</p> <p><input checked="" type="checkbox"/> Other: library _____</p> <p>Is this location accessible to handicapped individuals? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)</i></p> <p>Parents will be required to get students to tutoring site except for in instances where tutoring is done at school. The Center is located along a bus line for those without automobile access.</p>

11. Specific Student Populations Served	<p><i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box.</i></p> <p> <input checked="" type="checkbox"/> Low-Income students <input checked="" type="checkbox"/> Minority students <input type="checkbox"/> Migrant students <input type="checkbox"/> Limited English proficient students </p> <p>Indicate particular language(s) with which you have expertise _____</p> <p> <input checked="" type="checkbox"/> Special education students <input checked="" type="checkbox"/> Other: (describe) children who fit the classic dyslexia profile </p> <p> <input type="checkbox"/> Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas. </p> <p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p>
12. Type of Organization	<p><i>Please check the category or categories that best describe your organization.</i></p> <p> <input type="checkbox"/> For Profit <input checked="" type="checkbox"/> Not for Profit <input type="checkbox"/> School <input type="checkbox"/> District <input type="checkbox"/> Educational Service Unit <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Faith-Based Organization <input type="checkbox"/> Community Agency <input type="checkbox"/> Individual <input type="checkbox"/> On-line <input type="checkbox"/> Other (describe) _____ </p>
13. Time of Service	<p><i>Check the time(s) that best describe when you deliver services to students.</i></p> <p> <input type="checkbox"/> Before School <input checked="" type="checkbox"/> After School <input checked="" type="checkbox"/> Weekends <input checked="" type="checkbox"/> Summer <input type="checkbox"/> Other </p>
14. Length of Service	<p><i>Nebraska is requiring providers to deliver a minimum of 18 hours of tutoring service per student for the 2015-2016 school year.</i></p> <p>(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours) 30 hours</p> <p>(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks) 15-16 weeks</p> <p>(c) Describe how your program will operate (e.g. 60 minutes three times per week)</p> <p>60 minutes twice a week</p>

15. Cost	<p>Provide an average <u>per pupil cost</u>, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a <u>specific</u> description of your pricing structure. Maximum cost per hour of service allowed in Nebraska for the 2015-2016 school year is \$55.00.</p> <p>Per pupil cost is \$55 an hour per session twice a week..</p>
16. Diagnostic Assessment	<p>Name the instrument that will be used to diagnose skill levels of each individual student. <i>Barton Dyslexia Screening Assessment</i></p> <p>It takes more than just test scores to accurately determine if a child has dyslexia. We look at the entire child – their genetic, developmental, and educational history; every prior testing report; their current strengths and weaknesses; and the results from 8 screening tools. This process includes: Two in-depth parent interviews(one by phone, one in person) A complete records review, current schoolwork samples, and results of 8 screening tools to accurately determine if a child or teenager “fits the dyslexia profile” as well as the severity of their dyslexia</p>
17. Mode of Instruction	<p>Please indicate which keyword(s) best match your program's offerings:</p> <p> <input checked="" type="checkbox"/> Individual tutoring <input type="checkbox"/> Small group tutoring <input type="checkbox"/> On-line <input type="checkbox"/> Computer Assisted </p> <p>Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.</p> <p>Voice Advocacy Center-Dispelling Dyslexia, Screening and Tutoring Center is a one-on-one tutoring program that will greatly improve the spelling, reading, and writing skills of children, teenagers or adults who struggle due to dyslexia or a learning disability. We also provide parents of children who receive special education services with a special education advocate to assist them in working with the school system to ensure that their child is receiving an appropriate education. The Center works with the Parent and the school if applicable to create goals to monitor achievement</p>

18(b). Technology	<p><i>If On-line and/or Computer Assisted were checked in the previous box, please complete the following. N/A</i></p> <p><i>a. Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. Mark as Documentation I.18(b)</i></p> <p><i>b. Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.</i></p> <p><i>c. How will you provide orientation and consultation with the school staff, students, and parents?</i></p> <p><i>d. How will you provide continuous on-site support to participating students?</i></p> <p>The approach provides for a close teacher-student relationship that builds self-confidence based on success.</p>
18. Student/Instructor Ratio	<p><i>List the ratio of instructors to children in your program.</i></p> <p><u>1</u> students for every 1 instructor</p>
19. SES Services in other States	<p><i>Have you provided SES services in other states?</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>If you have provided SES services in other states, has your program ever been removed from the list of approved providers?</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
20. In-state parent/district support for services	<p><i>Do you plan on providing an in-state representative to work directly with parents and districts?</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>